THE UNIVERSITY OF ALBERTA

# "WESTFIELD" MILIEU AS SOCIAL CLIMATE

by

© DONAVON DARRELL BENTZ

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(SIGNED) Donavon Bentz

PERMANENT ADDRESS:

R.R. #2 Site 230 Box 2

Stony Plain, Alberta

T7Z 0N4

DATED June 29 1982

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "WESTFIELD" MILIEU AS SOCIAL CLIMATE submitted by DONAVON DARRELL BENTZ in partial fulfilment of the requirements for the degree of MASTER OF EDUCATION in COUNSELLING PSYCHOLOGY.

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Supervisor

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Date: May 14, 1982.

## DEDICATION

This work is dedicated to Alice Ramshaw who taught me more about the social climate of a residential treatment setting for children than any other person.

**Abstract**

A study was conducted to examine the milieu of Westfield, a treatment center for emotionally disturbed children. The concept used was that of social climate as measured by the Real and Ideal forms of the Correctional Institutions Environment Scale (CIES). Differences in both Real and Ideal social climate measures were found among six residences and among six different institutional groups. Residents' ratings differentiated among two types of residences (Cottages and Units), but did not differentiate within these groupings, raising questions as to the possible effects of architecture on residents perceptions of social climate. Staff ratings of social climate in the closed (locked) residence at Westfield which has particularly hard to manage "disturbed" residents, were found to be substantially lower relative to open programs on Relationship and Treatment Program dimensions. Over all programs, residents were typically more negative in their evaluations of both current and ideal social climate than were any of the staff or adult groups, a finding consistent with existing research literature. Consultants to the institution perceived much higher levels of environmental press toward Involvement, Personal Problem Orientation and Autonomy relative to other groups. This raises questions about the nature of perceptions of consultants within institutional settings generally. Teachers rated the current levels of Clarity and Order and Organization very substantially below that of the other

groups, and wanted very substantial increases in these dimensions compared to other groups. This raises questions with respect to the meaning of the CIES subscales to teachers compared to other staff. All groups generally wanted an increase in emphasis on relationship and treatment dimensions and a decrease in the area of staff control. The study's results are supportive of the existing research in the area of social climate and provides information of potential benefit to the institution, especially in terms of changes the staff and residents would like to effect in their current environments. The use of median and quartile range as a method for describing results proved a viable alternative to the use of the mean and standard deviation.

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# I. IMPORTANCE, PURPOSE, AND LIMITATIONS OF THE STUDY

## A. Importance

This study was undertaken because of the important need to assess the social environment of an institution in which emotionally disturbed children are treated. The study provides a balance to the heavy emphasis which individual psychological assessment and treatment planning receive within the institution. Recognizing that individual treatment plans must be executed within a milieu, and that the milieu itself has a powerful influence in determining the viability of individual treatment plans, the author seeks to examine and describe the milieu of an institution, Westfield, and its constituent residential programs. The concept applied in this examination is that of social climate, as measured by one of the Social Climate Scales authored by Rudolf Moos. (Moos, 1974d) It is postulated that the resulting information has important implications for the institution and for the use of social climate measures in general.

## B. Purpose

The purpose of this study was twofold: first, using the concept of social climate to assess Westfield, a sixty bed residential treatment center for emotionally disturbed children, and second, to examine and describe results relative to existing research literature in the area of

social climate. The instrument employed to measure the social climate was the "Correctional Institutions Environment Scale" (Moos, 1974a). This scale was developed to assess the social environments of juvenile and adult correctional programs (Moos, 1974a, 1974b).

The child care staff and children of six separate residential settings evaluated their social environment in two ways: first, how they perceived it currently, and second, how they would conceive of it ideally. In addition to the child care staff and children in each setting, three adjunctive professional groups and a Lay Advisory Board associated with Westfield evaluated the social climate of the residential program. They evaluated it as a composite, or "gestalt", rather than as six separate settings (programs). The three adjunctive professional groups are: teachers, administrative staff and program specialists, medical and psychological consultants.

One intent was to determine whether there were substantial (important) differences among programs in staff and resident ratings of the current social climate and if there were important differences in these groups' perceptions of what would constitute the ideal social climate. This exploration was considered important because referrals of children to Westfield's open residential programs are not made to specific settings but to the center itself, as though its programs are homogeneous and non-differentiated. If any credence can be lent to a concept

of differential treatment (i.e. that certain types of programs or environments are more beneficial to certain types of children than to others), then it seems important not only to be aware of important differences in social climate between programs, but further to be able to cogently describe those differences. Moos' experience with the examination of social climates in both treatment and correctional institutions had led him to state "there may be large variations in the social climates of presumably similar treatment programs even when they are using the 'same' overall treatment strategy.... Variations among programs within one institution are often as large as variations among programs in different institutions" (Moos, 1975, p. 153).

A second intent was to explore what level of concensus existed between residents and staff members within the settings with respect to their perceptions of both their current social environment and their concept of what would constitute the ideal social environment. Results from the Correctional Institutions Environment Scale normative sample indicated that it was to be expected that "staff members perceive the conditions in their units considerably more positively than do residents in the same units" (Moos, 1975, p. 58) and that "Staff are considerably more positive about ideal correctional programs than are residents." (Moos, 1975, p. 66)

A third intent was to explore what level of concensus existed among residents, child care staff, teachers, administrative and program specialists, consultants, and the lay advisory board as to what constitutes both the current and ideal social environment at Westfield; that is, when the program is considered as a homogeneous setting rather than as six distinct settings or programs. Since each of these groups of individuals has specific roles in the formulation of both program and policy at Westfield it was intended to examine what differences in perception exist among these groups. The author postulates that large differences in perceptions of the social environment among these groups would have implications in the areas of communication and setting of expectations with respect to the treatment program.

**C. Limitations**

It is not a primary intent to explore reasons for differences in perceptions of social climate existing, nor is it a primary intent to compare ratings of Westfield's social climate with the sample of institutions used to establish norms for the Correctional Institutions Environment Scale. The primary intent in this study is to describe differences in perceptions of social environments, if they exist, among selected groups; and to consider implications these differences may have for the treatment program within the institution.

**D. Overview of the Study**

The following is an overview of the remainder of this study:

Chapter 2 involves a description of the Westfield program including the resident population, architecture, and staffing.

Chapter 3 is a review of the relevant research literature. The author examines the concept of milieu and milieu treatment and the various attempts which have been made to describe the milieu. Particular attention is given to the discussion of the concepts of social climate and of environmental press as methods for describing milieu, especially as measured by the Social Climate Scales authored by Rudolph Moos. The relationship of personality attributes and environmental press is discussed and the use of social climate measures in describing and typing programs is explored. Research relating milieu characteristics with treatment outcomes is discussed, as is the use of social climate measures to facilitate social change.

Chapter 4 contains information regarding validity and reliability issues concerning use of the Correctional Institutions Environment Scale and outlines the study's design and methodology of data collection. It details the three research hypotheses examined as part of this study and discusses the decision to analyse the results using the median and quartile range.

Chapter 5 is a presentation the results of the study. It reports differences in ratings of social climate among settings and among groups at Westfield. Differences between ratings of current social climate and the ideal social climate are detailed. Differences on each of the nine subscales on the CIES are discussed separately and then are summarized as a configuration of results. This process is used to examine differences among both settings and groups.

Chapter 6 is a summary of the study, conclusions drawn, and discussion of possible implications that the results have for both Westfield and for the use of social climate measures in general.

## II. THE WESTFIELD PROGRAM

### A. Overview

Westfield is a 60 bed residential treatment centre for emotionally and behaviorally disturbed children located in Edmonton, Alberta, Canada. The centre has, in addition to its residential programs, three day-treatment programs based in community schools and six satellite group homes, but they do not constitute part of this study. The residential programs encompass three cottages, two open units, and one closed unit. These six settings are each licensed to accommodate up to ten children. There are slight fluctuations in number during the time of discharge of one child and the admission of another, but these fluctuations usually are of short duration (ie. days, rather than weeks.)

### B. The Residents

The resident group at Westfield comprises a group of children aged 7-16 years. These children have been viewed as being out of control in some or all of the areas of their life, including the home, community, and school. (Frauenfeld, 1974, p.3) All children have been viewed, prior to their admissions to Westfield, as providing some degree of danger to themselves or to others. Typically the children who have been viewed primarily as self destructive and presenting a danger to themselves have a history such as running from home, school truancy, drug and solvent abuse,

or suicide attempts. The children who have been presenting a danger to others have typically been involved in delinquencies involving such things as physical assault, car theft, break and entry, shoplifting, etc.

The main differentiation of children at Westfield, in terms of severity of emotional and behavioural disturbance, is that the closed unit houses children who are seen as presenting more of an imminent danger to themselves or to others, in comparison with children within the open settings. Children in the closed unit tend to be those who are constantly running from open settings and whose behavioural extremes are particularly worrisome in terms of the danger they present. Children placed within the closed unit must be there only upon the recommendation of the Juvenile Court or the Director of Child Welfare under Compulsory Care Orders or Certificates. These Orders and Certificates are renewable for periods ranging from 30 to 90 days where a child is "presenting a danger to himself or is otherwise out of control." (Child Welfare Amendment Act 1977)

**C. Resident Family Circumstances and Background**

An understanding of the type of residential population at Westfield is incomplete without recognizing that the vast majority of the family environments these children arise from are disrupted. If the parents are not separated or divorced there is often a considerable degree of marital

conflict present. Where the marital relationships are stable the parents often do not have the capability, or they lack the knowledge, which would allow them to adequately fulfill their role as parents. The result is that often these children become family scapegoats; they are held responsible for the families' problems and are viewed by the families not simply as misbehaving but rather as "bad". Another family circumstance, which is not uncommon, is the family whose parents blame various community agencies such as schools, police, and social agencies for the child's problems. Verbal attacks on those agencies are often made publicly by these parents in the presence of the child. Children from these circumstances often express feelings of personal impotency at being unable to handle the demands of the community or school. They continue to act antisocially, apparently vindicated by the implicit and at times explicit support of their parents.

**D. Guardianships and Wardship Status of Residents**

Children at Westfield do not have their parents continuing to exercise guardianship of them. All children admitted to Westfield must be designated wards of the provincial government, except in a very few cases where the parents voluntarily agree to grant temporary custody to the government. This arrangement is called Custody by Agreement. In this instance acknowledgement is made by the parents or guardians of their inability to actively assume a parenting

role for the child.

The majority of children at Westfield (and all children admitted to the closed unit) are designated as wards. There are three types of wardship status. A child may be a temporary ward under the Child Welfare Act of Alberta, the Juvenile Delinquents Act (a federal statute), or he(she) may be a permanent ward.

These circumstances surrounding wardship status are not sufficient in themselves for a child to be admitted to Westfield, but they are a necessary condition for all children except those admitted under Custody by Agreement.

**E. Architecture**

In addition to six residential settings, the Westfield Complex contains an administration building with an adjoining school. There is also a recreation building consisting of a gymnasium and an indoor swimming pool. The grounds are landscaped and include a skating rink, sports field, and several small patios. The overall architecture is of modern design and is of a type which allows the centre to blend easily into the surrounding residential area. The cottages have often been mistaken by members of the public for regular community homes, and the units and other buildings for a school complex rather than an institution for emotionally disturbed children. The internal architecture of the residential settings is differentiated as follows:

The main difference between the open units and the cottage settings is that the "Cottages provide a smaller, thus more homelike setting and are more likely to have younger children placed in them. The Units provide care in a setting that is equipped to accomodate the older, more physically mature, emotionally disturbed and/or seriously delinquent child." (Westfield Policy Manual) Specifically:

Cottages - are a homelike setting containing a carpeted living room with fireplace, an adjoining kitchen and dining room area, and a large rumpus room in the basement. There are five bedroom areas: one single bedroom, three doubles and a triple. There is also a staff office, isolation room, bathrooms, furnace rooms and storage areas etc.

Open Units (Units 1 & 2) - are somewhat larger than the cottages, the structures originally having been designed for 20 children. They have a large, carpeted living room with fireplace and an attached sunken conversation area. There is an adjoining dining room and large kitchen. High open- beam ceilings throughout the living room and dining room areas make the units seem very spacious. In addition to the living, dining and kitchen areas there is a piano room, staff room and office all located on the main floor. The bedrooms and two isolation rooms are located in an adjoining wing. There are ten bedrooms, so

provision is made for each child to have his own room. The interior walls of the living and dormitory areas are finished in cedar with the exception of the individual bedrooms, staff room, office and kitchen. The basement of each unit contains a small gymnasium, workshop area, laundry room and storage area.

The Closed Unit (Unit 3) - the closed unit is of a cement block construction. Its doors are locked and residents are not given access to the outside of the building without being accompanied by a staff member. Architectual components are similar to the open units except that the living and dining room areas are smaller, forcing a closer physical interaction of both staff and children than that which occurs in the open units. Bedrooms and two isolation rooms are on the upper level of the building, and a small extensively used gymnasium is in the basement.

**F. Staffing**

**Settings and Child Care Counsellors**

The staffing of all six residential settings is as follows: there are ten Child Care Staff in each setting. Each setting has one supervising child care counsellor designated a Child Care Counsellor IV who is responsible for supervising and for providing leadership and direction to

the overall treatment program within the setting. In addition this individual has the primary responsibility for working with the families of children in residence. He(she) attempts to resolve issues which concern the return of the child to the family, or alternatively, to make plans for the child to live elsewhere, such as in a group home.

There are three child care counsellors designated Child Care Counsellor III's who are shift supervisors and who are responsible for the coordination and supervison of two Child Care Counsellor I's or II's with respect to the dealings they have with children on a shift by shift basis. (Child Care Counsellor II's are not supervisory personnel. The designation of Counsellor II indicates they have been certified as proficient in certain knowledge and competency areas germain to child care). It is the responsibility of both the Child Care Counsellor III and the two Child Care Counsellors that he or she supervises, to act as a team when they are on shift as they provide for the care, supervision and treatment of the residents in a particular setting. With respect to treatment it is expected that besides counsellors being healthy adult role models for the children, they will be conversant with the individual treatment program for each child. Each program has specific indicators about how care is to be provided to that child, and how particular behavioral issues are to be handled.

In addition to his or her supervisory duties with the children, a counsellor is assigned the responsibility of

being a keyworker to an individual child within the setting. It is this counsellor's responsibility to see that an integrated treatment plan is developed for the assigned child. It is not expected that keyworkers formulate this plan themselves, but they are responsible for its coordination and documentation. The expectation is that they solicit the input of not only other child care counsellors and supervisors, but of the child's teacher, the recreation staff, the setting's consulting psychologist, and other adjunctive treatment staff.

In all there are sixty child care staff (ten in each setting) who have direct involvement in the basic and remedial care of the children at Westfield.

Not included in these 60 counsellors are eight child care counsellors on duty at night from 11:00PM to 7:00AM. There is one in each of the five open settings and two in the closed unit, along with one supervising Child Care Counsellor III. These night staff provide primarily a security function and have little interaction with the children except in the case of an emergency. Night staff do not constitute a part of the study.

**Adjunctive Staffing**

While the child care counsellors in many ways play the primary role in providing for children's needs at Westfield, there are additional professional resource persons who also play important roles. These groups are:

Teachers - the majority of children at Westfield are

emotionally or behaviorally disturbed to the point that it precludes at least their initial placement in community schools upon admission. A large number of children at Westfield have been suspended from community schools, if not for disruptive behavior, for truancy. As a result, Westfield provides a school program in five classrooms adjacent to the administration building, in a classroom located in each of the two open units, and in two classrooms in the closed unit. The teachers are all trained in special education. The teachers are assisted by a reading specialist, librarian and assistant, but they are not included as a part of the teachers' group for this study because they do not have as direct or as "intensive" an involvement with the children and childcare staff of the various residences as do the teachers.

Administrative and Program Staff - The residential treatment program at Westfield involves a number of persons in administrative and programming areas. These individuals have both direct and indirect contact with children and staff at Westfield. All of these individuals are at some time engaged in issues involving each residential setting. This group of individuals includes the Director, the Chief Child Care Workers (equivalent to Assistant Directors),

Intake Supervisor, School Principal, Nurse, Recreation Director and Assistant, two Group Home Supervisors, Day Program Supervisor, and Community School Placement Coordinator.

Consultants - there are seven external consultants at Westfield. These are non-salaried professional personnel who provide services on a contractual basis. They include four psychologists, a psychiatrist, and two paediatricians. The psychologists and psychiatrist are involved primarily in consultation with respect to casework and treatment as it relates to individual children. At times they also provide inservice training to childcare staff on issues such as parenting, family counselling, group management etc.

Advisory Board - the Advisory Board is a recently formed body at Westfield. It was started September 14, 1981. It is composed of seven people including the chairman. All of them are members of the community and are non-departmental employees. As originally constituted this group included a lawyer as the chairperson, a retired juvenile police detective, a former resident, a parent of a former resident, a former Westfield staff member, and a staff member from native counselling. The mandate of this board is basically twofold. First it is to

provide input and recommendations to Westfield that enhance the overall treatment program. Secondly, it is to act in the role of an external advocate for children to ensure that the individual child's needs are met in as normal a manner as is possible, and to also ensure that treatment programming decisions made with respect to the individual child are within departmental and agency policy, and in accordance with both professional and community standards. In order to ensure that this is accomplished, one advisory board member is assigned to each residential setting to spend time with the children and staff within that setting on a weekly basis, and to be in contact or be available as needed. The Board members meet once every second month to deal with any issues pertaining to programming or to their role as advocates.

## III. REVIEW OF THE RESEARCH LITERATURE

### A. Background

"Milieu" is defined as "a medium, environment, 'surroundings.'" (Oxford English Dictionary, 1970, 6, p. 437). It has only been since August Aichorn (1935, p. 146) in the 1920's called attention to the planned use of the milieu as a therapeutic tool that children's institutions have been able to claim that they provide a "therapeutic milieu" for children (Trieshman, 1969, p. 3). "In essence, the milieu is the sum of all the people who work with the child and constitutes the psychological atmosphere in which the child lives, reacts, learns, and develops." (Goldsmith, 1963, p. 400). "The therapeutic milieu, therefore, is the totality of interpersonal relationships among all children and all staff within the physical setting." (Phelan, 1962, p. 160) "Milieu therapy" has been defined as the "modification of the environmental part of the patient - environment process with a view to facilitating more satisfactory patterns of interaction." (Rioch, D. and Stanton, A., 1951)

Despite claims that milieu therapy is not new as a psychotherapeutic technique (Bettelheim & Sylvester, 1949, p. 54), defining what constitutes a therapeutic milieu to children within children's institutions has been difficult. Bettelheim and Sylvester (1948,1949) provided their interpretation of what constituted a therapeutic milieu for

children by relying heavily on illustrative descriptions of children's cases at the Orthogenic School at the University of Chicago. The most explicit statement of what they conceive a therapeutic milieu to be appears as follows:

> In a therapeutic milieu, ..., the child's development toward increasing mastery must be facilitated. Training in skills and achievements are therapeutically justified solely if they originate from the central issue of the therapeutic milieu. A therapeutic milieu is characterized by its inner cohesiveness which alone permits the child to develop a consistent frame of reference. This cohesiveness is experienced by the child as he becomes part of a well defined hierarchy of meaningful interpersonal relationships. Emphasis on spontaneity and flexibility - not to be misconstrued as license or chaos - makes questions of schedule or routine subservient to the relevance of highly individualized and spontaneous interpersonal relationships. Such conditions permit the emergence and development of the psychological instances, the internalization of controls, and the eventual integration of the child's personality. It may be assumed that these milieu factors which determine the childrens' rehabilitation in the therapeutic milieu, have validity for the institutional care of children in general. (Bettelheim & Sylvester, 1948,

p. 192)

In 1962 Jerome Goldsmith, in a paper presented to the New York Academy of Science, stated:

> When we talk about the milieu we are really discussing the 'psychological geography' of the environment, a most intangible element that is difficult to achieve, difficult to describe, and yet - so much of our real substances - the only phrase that describes effectively what we mean by milieu.

These attempts to make explicit the elements comprising a therapeutic milieu for children, and apparently the intervening attempts at describing them, have been lacking, at least to Fritz Redl. (1966, pp. 68-94). He ended his 26 page writing entitled "The concept of a 'Therapeutic Milieu'" with the paragraph:

> I, for one, want to exclaim loudly what I didn't dare whisper at the beginning of this paper, as I would have scared you off too soon. I would like to find out, not only what milieu is and how it operates, but also how we can describe it, how we influence it, and by what actions of all involved it is, in turn, created or molded. At the moment I am convinced of only one thing for sure - we all have quite a way to go to achieve either of these tasks.(p. 94)

Trieshman (1969) has defined the word milieu as it applied

to children's institutions in the following manner:

> We are describing a group living situation for children, specifically for children with emotional problems, children who must live away from home and whose lives are full of crises. We are focusing on events that occur and processes that exist in such a setting. Moreover, we are thinking in terms of people using these events and processes as an effective tool to help children (p. 2)

Trieschman, Whittaker & Brendtro (1969) then go on to further elaborate and elucidate this decription of milieu in a text of 235 pages which has become a basic reference in many child care institutions and training programs. What Trieschman et al do not provide, however, and what has been lacking until very recently, is a method which describes the social climate of a child care milieu, uses both a common terminology and approach, and which can be "used in systematic program descriptions, comparisons, and evaluations" (Moos, 1974b, p. 16).

**B. Social Climate Scales: Overview**

Dr. Rudolf H. Moos and his colleagues in the Social Ecology Laboratory at Stanford University have endeavored to develop "measures of social environments by asking people individually about the usual patterns of behavior in their environments. The basic logic of this approach is that the consensus of individuals characterizing their environment

constitutes a measure of environmental or social climate" (Moos, 1974d, p. 4). The basic assumption of the social climate perspective is that "environments have unique 'personalities' just as people do." (Moos, 1974d, p. 1) Further Moos argues that if it is possible to assess personality traits (i.e. using the Rorschach or Minnesota Multiphasic Personality Inventory) it is possible to similarly portray social environments, (Moos, 1974d, p. 1), hence his development of various social climate scales. The Correctional Institutions Environment Scale, developed to assess the social environments of juvenile and adult correctional programs, (Moos, 1974d, p. 5) is the scale employed in this study.

**C. The Concept of Environmental Press**

The Social Climate Scales, of which the Correctional Institutions Environment Scale is but one, have been based on the concept of environmental press developed by Murray (1938) especially as later formulated by Stern, Stein and Bloom (1956). (Moos, 1974c, 1975, 1979). Murray selected the term press "to designate a directional tendency in an object or situation" which either facilitated or impeded the efforts of an individual to attain a particular goal. He then found it convenient to differentiate two types of press: "1, alpha press, which is the press that actually exists, as far as scientific inquiry can determine it; and 2, the beta press, which is the subject's own interpretation

of the phenomena that he perceives." (Murray, 1938, p. 122). It is a form of this latter press "beta press" which the Social Climate Scales attempt to tap. Beta press is conceived as being of two forms: "private beta press" which refers to "highly selective percepts of the environment which are a function of the idiosyncratic properties of the individual", and "common beta press representing the perceptions and meanings which are shared by a given group of individuals." (Stern et al., 1956, p. 37). Common beta press (sometimes referred to as consensual beta press) is the environmental press measured by the Social Climate Scales. Specifically for Moos and the Correctional Institutions Environment Scale, environmental press refers to "the characteristic demands or features of the environment as seen by those who live in that environment." (Moos, 1975, p. 37)

**D. Personality Attributes and Environmental Press**

Moos posits, as do most current personality theories, that "behavior is some interactive function of individual needs and environmental press" (Moos & Hoots, 1968). He points out, however, that:

> Until recently personality research and theory was largely concerned with person variables or traits. Individual differences were typically conceived to be relatively static dimensions. However, those who attempted to measure personality traits usually

found that the validity coefficients of their measures were quite limited; that is, the proportion of variance attributable to consistent differences among people was rarely higher than 25% (Mischel, 1968)(Moos, 1975, p. 8).

The issue of whether the person or the situation accounts for the major source of behavioral variance has been labelled a "pseudo question" by Hunt (1965). He states that "behavioral variance is due primarily to neither persons nor situations ... it is neither the individual differences among subjects per se nor the variations among situations per se that produce the variations in behavior. It is rather the interactions among these which are important" (pp. 82, 83).

The most important conclusion for Moos is that "both social settings and person by setting interactions consistently account for substantial proportion of the variance in a wide range of individual behaviors" (Moos, 1975, p. 9).

**E. Describing and Typing Programs in terms of Social Climate**

Moos (1973) points out that a systematic description of a program should include a description of the psychosocial characteristics and social climate in addition to the commonly used dimensions related to architecture, program, organizational structures, staffing, characteristics of the resident population etc.

Moos has attempted to identify and describe major types of both correctional and psychiatric programs. He subjected 84 juvenile correctional programs which completed the Correctional Institutions Environment Scale. (Moos, 1975, Chapter 5) and 160 American hospital-based programs which completed the Ward Atmosphere Scale (Moos, 1974c, Chapter 3) to cluster analysis. The findings from the analysis "indicate that the clusters of correctional programs fall into six major types, which are almost identically replicated in psychiatric programs." (Moos, 1975, p. 123).

The six major types of programs and the dimensions' emphasized in each are as follows:

1. Therapeutic Program - emphasize all the Relationship and Treatment Program dimensions
2. Relationship Oriented Programs - emphasize mainly cohesion and organization (i.e. both Relationship and System Maintenance dimensions).
3. Insight Oriented Programs - put the most stress on Insight and Clarity of program expectations.
4. Action Oriented Programs - emphasize Independence and Expressiveness and de-emphasize Organization.
5. Control Oriented Programs - emphasize Organization and Control, to the virtual exclusion of all the Relationship and Treatment Program dimensions.
6. Disturbed Behavior Programs - attempt to emphasize

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[1]See Table 1 Chapter 4 for a complete definition of these dimensions as measured by the correctional institutions environment scale.

Control, but Expressiveness is also elevated primarily because the residents involved are particulary aggressive and difficult to control.

The first four types of programs Moos terms treatment oriented programs, the last two are seen as custodial programs, although the disturbed behavior programs are acknowledged as dealing mainly with particularly hard to manage "disturbed" residents. Moos states that these six clusters of programs derived from an analysis of this sort are somewhat arbitrary but argues that they make excellent conceptual and empirical sense. (Moos, 1975, p. 116)

**F. Milieu Characteristics and Treatment Outcomes**

One major outcome of the development of measures of social climate is that researchers have now an opportunity to attempt to relate treatment outcomes to the characteristics of treatment programs. However, despite the opportunity, "there are few empirical studies relating program dimensions to treatment effectiveness" (Ellsworth, R., Maroney, Klett, Gordon and Gunn, 1971). Ellsworth et al (1971) have reported differences between psychiatric wards viewed as efficient (high release or turnover rate of patients) and wards viewed as effective (low return rates of patients to the program). They found that efficient units did not tend to promote patient autonomy and were perceived quite negatively by the staff. They found that effective units involved the patients in ward management and that

"nursing staff perceived the professional staff as motivated and non-dominant, and themselves as active participants who were praised for their work." (Ellsworth et al., 1971, p. 439)

Lehman and Ritzler (1976) report that members of a community-oriented hospital ward showed greater patient autonomy, interpersonal involvement and practical orientation than members of a medical model ward which showed more order and organization. Additionally they found greater member satisfaction on the community-oriented ward than on the medical model ward. However, they found neurotics treated on the community-oriented ward were remitted twice as frequently as neurotics on the medical model ward.

Alden (1978b) reported patients on psychiatric wards marked by a high level of staff control became more seclusive, less communicative and more hostile over time, suggesting that while staff control might result in a more smoothly running ward, it does not necessarily promote improvement in social functioning.

Studies linking treatment outcome to the perceived social climate of treatment settings have recently been critized by Edelson and Paul (1976, 1977) for typically failing to control for ward size, patient chronisity and treatment orientation, thus confounding results. They conclude that institutional directors may rely on atmosphere measures for descriptive data on personal-social

characteristics of treatment staff, but they should not use them to try to determine the effectiveness of institutional programs or staff performance. This comment casts doubt on one yet being able to use measures of social climate to empirically identify certain types of programs as being better suited to one type of client or another. (The concept of differential treatment). However, while firm empirical relationships between social climate and treatment outcome have not been established, it is possible to use measures of social climate to identify programs which are conceptually viewed as ideal (Moos, 1975).

One study which did control for the confounding variables discussed by Edelson and Paul has compared the effectiveness of two conceptually different treatment strategies in modifying the behavior of different types of delinquents. This was the Youth Centre Research Project. (See Jesness, 1975) which studied "the effectiveness of two different treatment programs with 983 adjudicated delinquents assigned by random procedures to two institutions; one of whose programs was based on transactional analysis (O.H. Close School) and the other on the principles of behavior modification (Karl Holton School)" (Jesness, 1975, p.758) The results suggested that "improvement on psychological measures favored the transactional analysis program; the behavior ratings slightly favored the behavioral program. Parole follow-up showed no difference in the revocation rates of the two

programs." (Jesness, 1975, p. 758)

Early in this study when both programs were just being implemented in the respective institutions, the Correctional Institutions Environment Scale was administered to staff and residents. The scale was administered again two years later. Results showed that scores of staff from O.H. Close (the transaction analysis program) increased slightly (but not significantly) on the relationship and treatment dimensions, whereas scores from staff at Karl Holton (the behavior modification program) decreased significantly on these two dimensions ($p < .01$) "Examination of the change in subscale scores suggests that Holton staff saw less emphasis being placed on client-staff relationships, expression of feelings, and discussions of personal problems leading to insight. The differences between posttest scores of Close and Holton staff on the relationship and treatment dimensions were significant beyond the .01 level." (Jesness, 1975, p.764)

"Even greater shifts were apparent in the perceptions of the residents. On the pretest, average scores of the residents were almost identical on all four scales. On the posttests, scores of Close residents had not changed significantly, whereas scores of Holton residents had decreased significantly on the relationship, treatment, and systems maintenance dimensions (all $p < .001$). Residents' posttest scores for the two schools were significantly different on all four scales ($p < .01$). On the treatment and

relationship scales the means differed by more than 1 standard deviation, with the residents at Holton being much more negative in their evaluation of their schools emphasis on these program elements." (Jesness, 1975, p.765)

The results from this study, while inconclusive about which program was more effective in the rehabilitation of juvenile delinquents, shows the CIES to differentiate between the social climate resulting from the use of two types of treatment strategies. Should superior results have arisen from either strategy it appears the CIES would have proven useful in identifying the social climate dimensions involved.

In an earlier study more positive social climate measures were found for a particular treatment strategy compared to simply benevolent custody (Wilkinson & Reppucci, 1971). They assessed the differences in social climate between a pair of token economy cottages and a pair of non-token economy cottages (benevolent custody) in the same juvenile correctional institution. The token economy and non-token economy cottages differed only in that the token economy cottages systematically employed reinforcement principles through administration of tokens (points) contingent upon specified behaviors. They found that the token economy cottages were more positive on measured dimensions of social climate than were the other two cottages.

The results from the two studies just discussed are supportive of the use of social climate measures to identify the impact on milieu from employing different types of treatment strategies.

**G. Measures of Social Climate and Program Change**

The use of measures of social climate to identify areas where staff would like program change, and to monitor movement toward those changes, has been documented (Bliss, Moos, & Bromet, 1976, Duffie, 1974, Moos, 1973, 1974(c), 1975 & 1979, Pierce & Trichett & Moos, 1972, Verinis & Flaherty, 1978).

Moos (1975), referring to use of his social climate scales, states: "Research results have been successfully used to stimulate social change in organizations of many types. Standardized surveys are generally useful because they help individuals focus on specific elements of their environment, and they provide some guidelines for evaluation. When staff can concentrate their attempts to change their program on a few commonly defined areas, change can take place in an orderly, structured manner." (p. 95) A recent example of the use of a social climate scale in changing a treatment environment is related in an article by Verinis and Flaherty (1978). They report that:

> The Moos Ward Atmosphere Scale was administered on a 45 bed psychiatric unit in a Veterans' Administration Hospital to assess how staff,

patients and observers viewed the ward and to clarify what goals staff had and what changes they wished to make. Comparisons of staff ratings of the existing milieu and of what an ideal milieu should be showed they wished to improve the ward in the areas of patient involvement, support, spontaneity, order and organization, program clarity and staff control; methods for making such changes became apparent. When the scale was administered again seven months later, respondents ratings indicated that in general there had been substantial positive changes in all six areas. The authors believe the Moos scale is an invaluable aid in making and measuring change in a ward environment (Verinis & Flaherty, 1978, p. 238).

The authors of this article further report that how staff:

> were able to effect the desired changes, is less accessible to observation. Staff discussion of the issues and setting of ward policy was certainly one mechanism. But probably more important was the awareness, at least by certain core personnel, of the directions they would like to see the ward move in. Thus when a specific issue of policy came up for resolution, they could make the final decision consonant with stated goals. Staff attitude change was certainly an important variable also. It came

> from an increase in morale, a greater spirit of cohesiveness, and sometimes simply staff members' change of perspective.
>
> The Moos scale was an invaluable aid in the process ...besides being a primary stimulus for the changes, the Moos scale provided a convenient, quantitative way of chronicling them. (Verinis & Flaherty, 1978, p. 240)

In summary there is support for the contention that Moos' Social Climate Scales may be used in a measurement-feedback-planning sequence as a catalyst for social change.

## IV. INSTRUMENTATION, DESIGN AND METHODOLOGY

### A. Instrumentation

The examination of the social climate at Westfield was undertaken using two forms of the Correctional Institutions Environment Scale as authored by Rudolph Moos. The Correctional Institutions Environment Scale (herein after also referred to as the CIES) was developed to "measure the social climates of correctional institutions as perceived by residents and staff" (Moos, 1975, p.36). The scale provides residents and staff with 90 true-false questions about the usual patterns of behavior in their program (See Appendix A for complete derivation). The questions combine to provide a measure of a concept of environmental press. "Environmental press are the characteristic demands or features of the environment as seen by those who live in that environment." (Moos, 1975, p.37). The environmental press categories (subscales) which have been derived [3] for the Correctional Institutions Environment Scale are as detailed in Table 1.

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[3]For a complete discussion of the derivation of these subscales see Moos R. Evaluating Correctional and Community Settings. New York: John Wily and Sons, Inc., 1975, pp.36-43

Table 1
CIES Subscale Descriptions

RELATIONSHIP DIMENSIONS

1. Involvement: measures how active and energetic residents are in the day-to-day functioning of the program, i.e., interacting socially with other residents, doing things on their own initiative, and developing pride and group spirit in the program.
2. Support: measures the extent to which residents are encouraged to be helpful and supportive towards other residents, and how supportive the staff is towards residents.
3. Expressiveness: measures the extent to which the program encourages the open expression of feelings (including angry feelings) by residents and staff.

TREATMENT PROGRAM DIMENSIONS

4. Autonomy: assesses the extent to which residents are encouraged to take initiative in planning activities and take leadership in the unit.
5. Practical Orientation: assesses the extent to which the resident's environment orients him towards preparing himself for release from the program. Such things as training for new kinds of jobs, looking to the future, and setting and working towards goals are considered.
6. Personal Problem Orientation: measures the extent to which residents are encouraged to be concerned with their personal problems and feelings and to seek to understand them.

SYSTEM MAINTENANCE DIMENSIONS

7. Order and Organization: measures how important order and organization is in the program, in terms of residents (how they look), staff (what they do to encourage order) and facility itself (how well it is kept).
8. Clarity: measures the extent to which the resident knows what to expect in the day-to-day routine of his program and how explicit the program rules and procedures are.
9. Staff control: assesses the extent to which the staff use measures to keep residents under necessary controls, i.e., in the formulation of rules, the scheduling of activities, and in the relationships between residents and staff.

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B. CIES vs. COPES

The researcher would like to point out that the selection of the Correctional Institutions Environment Scale was made after having given consideration to employing the Community Oriented Programs Environment Scale (also authored by Rudolph Moos) which "assesses the social environments of community based treatment programs" (Moos, 1974a). The Correctional Institutions Environment Scale was selected over the Community Oriented Programs Environment Scale for the following reasons:

1. The general similarity of the dimensions independently derived on the Community Oriented Programs Environment Scale and on the Correctional Institutions Environment Scale may allow investigators to compare directly the social milieus of treatment environments with those of correctional environments. (Moos, 1974c, p.339)
2. "The perceived climate dimensions of correctional institutions are very similar to those characterizing treatment environments". (Moos, 1974c, p.338) Further "the only difference in the perceived climate dimensions of treatment and correctional environments is that correctional institutions do not have an anger and aggression dimension" (Moos, 1974c, p.338)
3. "There was an anger and aggression subscale in an earlier form of the CIES. Designed to measure the extent to which residents are allowed and encouraged to argue with other residents and staff, to become openly angry,

and to display other aggressive behavior, this subscale was eliminated because of low item-subscale correlations and because most of the items had relatively extreme item splits and/or did not differentiate among correctional units." (Moos, 1974c, p.33) The resulting difference between the CIES and the Community Oriented Programs Environment Scale is that the dimensions from the Community Oriented Programs Environment Scale of Spontaniety (which "measures the extent to which the program encourages members to act openly and to express their feelings openly" (Moos, 1974a, p.3) and Anger and Aggression (which "measures the extent to which a member is allowed and encouraged to argue with members and staff, to become openly angry and to display aggressive behavior" (Moos, 1974a, p.3) appear combined on the CIES to form the dimension of Expressiveness which "measures the extent to which the program encourages the open expression of feelings (including angry feelings) by residents and staff." (Moos, 1974b, p.3)

4. In the Province of Alberta there is not a clear legislative or administrative distinction between correctional institutions and treatment institutions for juveniles. The closest that the legislation comes to differentiating between disturbed children needing treatment and juvenile offenders is:
   - either to designate a child as a ward of the government under the Juvenile Delinquents Act.

- or, under the Child Welfare Admendment Act 1977, to designate a child as being a danger to himself and/or others and to order a period of compulsory care within locked settings designated compulsory care facilities. (The residential setting designated as Unit 3 in this study is a compulsory care facility).

In either case, whether diagnosed as disturbed or merely adjudicated as delinquent, the children are not placed in differentiated institutional resources based on that criteria alone. Children, before being placed in an institution, must be approved for such placement by one of six administrative bodies termed Regional Institutional Placement Committees (except in the case of an order for compulsory care from a Juvenile Court judge, and even in this case, the actual compulsory care setting to which the child is referred, is determined by the chairman of one of the regional placement committees). In determining the appropriateness of an institutional resource for a child, the committees' decisions are not based solely on whether the child is delinquent and/or emotionally disturbed, but also on considerations related to the age, physical stature, type and severity of the child's delinquency or disturbance etc. The point is that an institutional referral of a juvenile to Westfield as an institutional resource of the Province of Alberta can be made for both "treatment" and "correctional" reasons.

## C. Instrumentation, Validity & Reliability Issues

### Subscale Internal Consistencies and Intercorrelations

Moos has calculated the internal consistencies of the subscales on the CIES using the Kuder-Richardson Formula 20 (Moos, 1974b, p.6). "Internal consistencies were calculated on a sample of 22 units using average within program variance as suggested by Stern (1970). The internal consistencies are all in an acceptable range, varying from moderate to substantial." (Moos, 1974b, p.6) They are:

Table 2

Internal Consistencies for CIES Form R Subscales

| Subscale | Internal Consistencies | |
|---|---|---|
| | Residents | Staff |
| Involvement | .72 | .81 |
| Support | .62 | .69 |
| Expressiveness | .56 | .73 |
| Autonomy | .68 | .80 |
| Practical Orientation | .70 | .61 |
| Personal Problem Orientation | 54 | .66 |
| Order and Organization | .72 | .83 |
| Clarity | .62 | .54 |
| Staff Control | .75 | .68 |
| Mean | .66 | .71 |

"Data from Moos, R. Correctional Institutions Environment Scale Manual, 1974b, p.7"

In terms of the average item to subscale correlation for the CIES those obtained by Moos in his juvenile sample are reported as varying "from a low of .38 on Clarity in the resident sample to a high of .56 on Order and Organization

in the staff sample." (Moos, 1974b, p.6)

The nine subscale scores were intercorrelated for the juvenile sample. The results show only a few of the correlations were as high as .40 or .50 accounting for 16 to 25 percent of the variance, and just two correlations exceed .50 (Moos, 1974b, p.6).

While Moos has not found these subscale intercorrelations large enough to warrent collapsing the scales there has been some concern that they are large enough to suggest that more global dimensions might underlie them. Results of three studies (Alden, 1978a, Kohn, Jeger & Koretsky 1979, and Wilkinson, 1973a) which have explored this possibility using factor analytic techniques are not conclusive. Wilkinson (1973a) identified only one underlying dimension which he labelled a "Value factor", reflecting an evaluative item dimension which was found to correlate higher with each subscale (for both staff and resident subjects) than did the subscales themselves. Alden (1978a) found one global dimension to underlie subjects' ratings on eight of the ten subscales on the Ward Atmosphere Scale and correlations of this factor with semantic - differential ratings suggested subject evaluation, this interpretation supporting the conclusions drawn by Wilkinson (1973a). Alden surmises that the Ward Atmosphere Scale may function largely as an attitudinal measure, tapping how positively a subject feels about the ward. Neither of these studies are supported by the results of the study by Kohn et al. who found two

underlying factors: Factor I - support - involvement vs. disinterest, and Factor II - order - organization vs. disorder - disorganization. The lack of conclusiveness in these three studies as to what the nature of any underlying factor or factors are, leaves the person who wishes to examine social climate with the present "state of the art."

**Test-Retest Reliability and Profile Stability**

Moos reports that "test-retest reliabilities of individual scores on the nine CIES subscales were calculated on 31 residents in one correctional unit who took the scale twice with a one-week interval between testings. These reliabilities were all in an acceptable range" (From a low of .65 for Support to a high of .80 for Order and Organization) (Moos, 1974b, p.7).

"The question of overall stability of the CIES profile has been "investigated using intraclass correlations (Haggard, 1958). One unit was retested after a one-week interval, two units were retested after a one-month interval, and another unit was retested after a two-year interval. All had stable programs over the relevant time interval between testings, but many residents and staff had changed due to release and turnover. The intraclass correlations, which were .94, .95 and .96 for the one week and 1-month interval retestings, and .91 for the two year interval indicate that the CIES may remain remarkably stable over relatively long periods. A corollory question is whether the CIES reflects program change when change occurs.

Thirteen units in which new treatment programs were introduced were tested both before and after the change. The coverage intraclass correlation over these thirteen units was only .37, suggesting that the CIES is sensitive to changes in the milieu" (Moos, 1974b, p.7-8).

**Relationships Between Subscales and Background Variables**

Relationships between Subscales and Background characteristics on "resident and staff responses to the CIES were investigated by calculating the correlations between the nine subscales and the background characteristics of age and length of stay (or time worked) on the unit. These calculations were made separately for 384 residents and 92 staff members. In the resident sample only two of the 20 correlations were above .20 and in the staff sample only one of the 20 correlations were above .20. There was essentially no relationship (all correlations were less than .10) between length of stay on the unit and any of the nine subscales. There were no particular trends in the results for the staff sample. In general, the nine subscales are relatively independent of these background variables" (Moos, 1974b, p.8).

**Relationships Between Subscales and Social Desirability**

Moos has also addressed the questions of the extent to which perceptions of correctional milieus are related to the degree to which people answer items about themselves in socially desirable directions." Crowne-Marlowe Social Desirability Scores for the 384 residents and 92 staff

members used in the analysis described above were correlated with the CIES subscales. For residents the only correlation above .20 was that for Order and Organization (.26); however, several correlations were above .20 for staff, i.e., Support, Autonomy, Personal Problem Orientation, Order and Organization, and Unity. These correlations were all in the positive direction. The relationships were low and none of them account for more than about 10 per cent of the variance in subscale scores. Perceptions of correctional milieus appear unrelated to staff members' tendencies to describe themselves in socially desirable ways" (Moos, 1974b, p.8).

**D. Design and Methodology**

**Scale Forms**

The two forms of the Correctional Institutions Environment Scale are used in this study:

The Real Program Form (Form R.) - designed to assess the actual (Real) social climate of a program (Moos, 1975, p.36). (See Appendix A for complete derivation)

The Ideal Program Form (Form I) - "developed to measure the goals and value orientation of residents and staff" (Moos, 1975, p.48)

The questions on the Ideal Form parallel exactly the questions on the Real Form except that they are stated using the future tense, and raters are asked to decide which of

the statements would be true of an Ideal Unit and which of the statements would be false.

**Methodology**

The examination of the social climate (otherwise termed the social environment) at Westfield was undertaken over a one month period beginning October 15, 1981. The primary exception to this statement is that the Westfield Advisory Board members were not provided with their questionnaires until December, 1981. This was due to the cancellation of a November Board meeting at which they were initially to consider their participation. The author submits that this delay is not significant as the Advisory Board members, on average, have a more limited contact with Westfield programs then the other groups involved in the study, and therefore are less likely to become aware of subtle changes in the social climate.

All other groups: residents, child care workers, teachers, consultants, administrative and program staff rated the Westfield social climate as they actually saw it (using Form R of the CIES) between October 15, 1981, and November 2, 1981.

Residents and child care staff were asked to rate the settings in which they resided or worked. Teachers, consultants, advisory board members, and the administrative and program staff were asked to rate the total Westfield environment. Acknowledgement was made that some of their perceptions may have resulted from a familiarity with only a

limited part or aspect of the total Westfield residential program.

All groups were then asked to provide a rating of the kind of social climate they would like, ideally, to see in their program or at Westfield (using Form I of the CIES). All of these ratings, including those of the Advisory Board, were completed by January, 1982. Excluding those of the Advisory Board, the ideal forms from all groups had been returned by November 31, 1981.

**Details of Test Administration**

Due to the young age and limited academic capabilities of a number of residents in Westfield it was judged that many would experience difficulty in reading and understanding the questions as constructed in the published versions of the scales. In an attempt to reduce confusion, some simple substitutions such as the word "kids" for "residents" and "living room" for "day room" etc. were made to the questions and the questions were administered orally. (See Appendix B for complete derivation of the children's Form R.) Care was taken so that no question was changed in a manner that would either change or influence the direction of a subject's response. In order to establish this, a Special Education Teacher and a Reading Specialist with many years of experience reviewed the substitutions derived by the researcher to ensure that the intent of a given question had not been altered through the researcher's attempt at clarification. This procedure is in keeping with the intent

of the instructions for test administration which state that "Simple clarification of word meanings may be given upon request but care should be taken not to influence the direction of the subject's response" (Moos, 1974, p.11).

Children attending school at Westfield had the tests administered to them by their home-room teachers who were instructed as to the details of test administration by the researcher. Children who were attending school in the community had the tests administered to them by childcare staff who were likewise instructed as to test administration. (See Appendix C)

All adults in the study were given, unchanged, the published versions of the test with standard instructions from the researcher as to how to proceed. Every participant in the study, child or adult, was assured that no one but the researcher and his assistant would be capable of identifying a particular individual's test results. (See Appendix D)

**E. Research Hypothesis**

The following are the research hypothesis examined in this study:

1. There are substantial differences among settings in both resident and staff ratings of current social climate. ("Variations among programs within one institution are often as large as variations among programs in different institutions") (Moos, 1975, p. 153).

2. Within settings there are substantial differences between child care staff and residents in rating both the current social climate and what should comprise the ideal social climate. Residents ratings are expected to be generally more negative than the child care staff (Moos, 1975, p. 58 & 66).
3. There are no substantial differences among groups (residents, child care staff, administrators and program specialists, teachers, consultants, and advisory board members) in their ratings of social climate when Westfield open residential programs are considered as a whole. The third research question was stated in the null form because there is no clear expected direction in the literature, other than the expectation that resident ratings will generally be more negative than staff groups.

**F. Analysis of the Data**

In deference to Moos' use of the mean as a measure of consensual beta press the author has, in consultation with Dr. Tom Maguire (Note 1), chosen to use the median. The reason for this choice is threefold:

First, the median is not affected by extreme score values, and with the small number of members within certain groups of comparison (eg. Advisory Board 5, Consultants 7), this is a necessary consideration. What is desired is an awareness of important differences, not ones which may be

merely statistically significant.

Second, it was not an intention in this study to use the normative statistics derived for the Correctional Institutions Environment Scale which are based on mean differences. The author was concerned with examining real similarities and differences within Westfield, and not with direct comparison to the CIES normative sample.

Third, in order to examine both variability within groups and substantial differences among groups, the author has chosen to use a companion statistical concept to that of the median, that of quartile range. The quartile range provides a measure of actual variability rather than an indication of variability as does the standard deviation, especially when scales are not open ended. Consequently the author has choosen the following criterion for discussion of results:

If a group's median on a particular dimension falls either at or below the 1st quartile ($Q_1$), or at or above the 3rd quartile ($Q_3$) of another group on that same dimension then it will be referred to as a substantial difference.

If the 3rd quartile ($Q_3$) of a group lies at or below the 1st quartile ($Q_1$) of another group (or vice-versa) this will be referred to as a very substantial difference. These same criterion will be similarily used to examine differences between Real and Ideal scores for any one group.

## V. RESULTS

### A. Size of Resident and Child Care Staff Groups

The following table shows the number of resident and child care counselling staff by setting in the study.

Table 3

Number of Child Care Counsellors and Residents by Setting in the Study

| Setting | Residents | Counsellors |
|---|---|---|
| Cottage 1 | 6 | 9 |
| Cottage 2 | 7 | 10 |
| Cottage 3 | 3 | 10 |
| Unit 1 | 6 | 9 |
| Unit 2 | 6 | 9 |
| Unit 3 | 10 | 10 |
| Total | 38 | 57 |

Although an attempt was made to include all residents and child care staff in the study this was not possible because of the following reasons:

1. Two counselling positions were vacant and filled by wage relief staff (Cottage 1 and Unit 2), and one staff member in Unit 1 was sick.

2. There were five vacant program spaces for residents at Westfield at the time of the survey, and two residents had been recently admitted (within the previous month), and were therefore not included in the study.
3. Seven residents did not complete both forms of the scale. Five were absent during the administration of the Ideal form of the scale, and two individuals simply refused to become involved in the study.
4. Results from eight of the residents had to be excluded because they were deemed invalid. It became obvious that these residents either could not comprehend the meaning of the questions or they had "more than 10 missing items or an obvious "run" of true and/or false or alternatives among the two." (Moos, 1975, p. 42)

The reasons for the resident responses not totaling the 60 program spaces and how these reasons affect each setting included in the study are outlined in Table 4 (Note that Cottage 3 has been particularly affected and therefore resident results as reported from this setting must be interpreted cautiously).

Table 4

Reasons for Resident Group Size not Totaling Sixty

| Setting | Program Vacancy | Missed Test Form | Invalid Results | Recent Admission | | Resulting Group Size |
|---|---|---|---|---|---|---|
| Cottage 1 | 1 | 2 | 1 | 0 | = | 6 |
| Cottage 2 | 0 | 0 | 3 | 0 | = | 7 |
| Cottage 3 | 0 | 2 | 3 | 2 | = | 3 |
| Unit 1 | 2 | 2 | 0 | 0 | = | 6 |
| Unit 2 | 2 | 1 | 1 | 0 | = | 6 |
| Unit 3 | 0 | 0 | 0 | 0 | = | 10 |
| Totals | 5 | 7 | 8 | 2 | | 38 |

**B. Interpretation of Results**

Moos stresses the importance of doing an entire profile analysis of a program, rather than attempting to interpret each subscale individually. "High Staff Control in a program that strongly emphasizes Involvement and Support may mean something quite different from High Staff Control in a program low on Involvement and Support. Configurational analysis of the CIES profiles are necessary" (Moos, 1975, p. 114). The configuration of subscale results is discussed within this study, but differences on each dimension (subscale) are reported first due to the large number of programs and groups being compared.

## C. Differences Among and Within Settings

**Abbreviations used in Tables and Figures Showing Median and Quartile Range by Setting**

The following abbreviations apply in interpreting tables and figures showing median and quartile range by setting: (Tables 5 through 24 and Figures 1 through 22).

OUT - Open Units Together
CT - Cottages Together
C1 - Cottage 1
C2 - Cottage 2
C3 - Cottage 3
U1 - Unit 1
U2 - Unit 2
U3 - Unit 3 (closed unit)

Ideal - results on Form I of the CIES

Real - results on Form R of the CIES

In Tables 23 and 24 where substantial differences on all individual subscales are presented the first letters of each subscale name forms the abbreviation (ie. I - Involvement subscale P.O. - Practical Orientation subscale etc.)

**Involvement**

In rating their current programs press towards involvement there was a very substantial difference among Cottage and Unit residents. Cottage residents rated themselves as much more actively involved in the day to day functioning of their programs than did residents in the Units.

This pattern does not hold true for child care staff who rated the degree of involvement of residents in Cottages and Units very similarly. There was however much more variation in the perceptions of Cottage staff (3 to 4 points

among the 1st and 3rd quartiles) compared to Unit staff (2 to 3 points among the 1st and 3rd quartiles).

There was a good deal of congruence (agreement) among Cottage residents and staff in their ratings on involvement but this did not hold true for the Units. The staff in all three units perceived the residents to be more involved in the program than the residents did themselves. In the Open Units (Units 1 & 2) there was a very substantial difference among resident and staff ratings, and in the closed unit (Unit 3) there was a substantial difference.

Both residents and staff in all programs indicate they desired substantial to very substantial increases in resident involvement. Residents however indicate they did not desire as great a degree of involvement in the programs as do the child care staff.

(See Tables 5 & 6 and Figures 1 & 2)

Table 5

Staff Median and Quartile Range by Setting:
Involvement Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| | Median | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 9.5 |
| | $Q_1$ | 10 | 10 | 10 | 9 | 10 | 9 | 10 | 9 |
| Real | | | | | | | | | |
| | $Q_3$ | 9 | 10 | 9 | 9 | 10 | 9 | 8 | 7 |
| | Median | 7.5 | 7 | 7 | 7.5 | 7.5 | 7 | 8 | 6 |
| | $Q_1$ | 7 | 6 | 5 | 6 | 5 | 7 | 6 | 4 |

Figure 1

Staff Median and Quartile Range by Setting:
Involvement Subscale

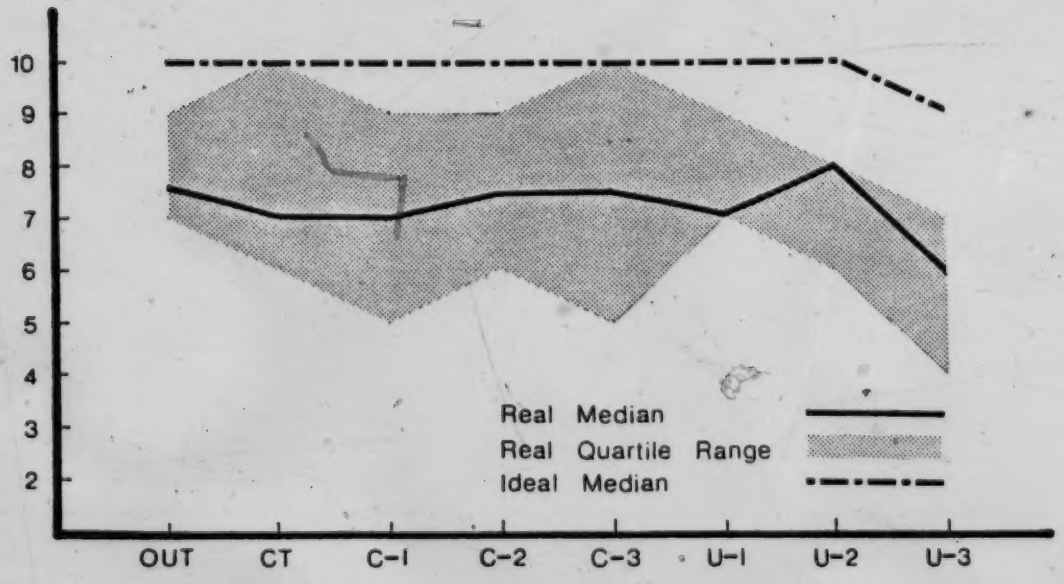


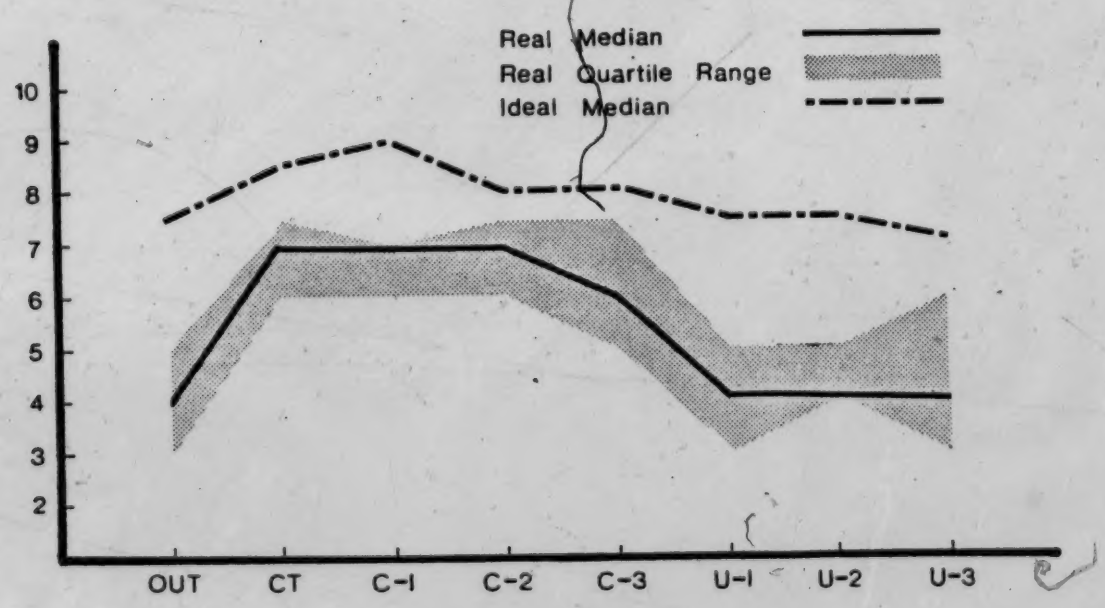
Table 6

Resident Median and Quartile Range by Setting: Involvement Subscale

| | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|
| **Ideal** | | | | | | | | |
| $Q_3$ | 8.5 | 9.5 | 10 | 9.5 | 8.5 | 9 | 8 | 7 |
| Median | 7.5 | 8.5 | 9 | 8 | 8 | 7.5 | 7.5 | 7 |
| $Q_1$ | 7 | 6.5 | 7 | 6 | 7 | 7 | 7 | 6 |
| **Real** | | | | | | | | |
| $Q_3$ | 5 | 7.5 | 7 | 7.5 | 7.5 | 5 | 5 | 6 |
| Median | 4 | 7 | 7 | 7 | 6 | 4 | 4 | 4 |
| $Q_1$ | 3 | 6 | 6 | 6 | 5 | 3 | 4 | 3 |

Figure 2

Resident Median and Quartile Range by Setting: Involvement Subscale



**Support**

This was the dimension upon which there was most agreement among settings for child care staff.

All staff perceived a high degree of support in their programs and there was not a large amount of variation among staff members within settings on this dimension. Cottage 3 staff rated their programs environment most supportive. Units 2 and 3 rated their programs as being slightly less supportive of residents than the other programs, but the ratings were still high.

All staff indicated they desired even a greater degree of support within their programs, but with the exception of the Units, the difference among real and ideal ratings of support within programs cannot be termed very substantial.

Resident ratings of support showed considerably more variation among programs than did staff. All three Units' residents perceived substantially less support within their settings than did the Cottage residents. Cottage 3 residents rated their cottage very substantially more supportive than other residents at Westfield rated their respective settings. In fact Cottage 3 was the only resident sample to actually indicate they desired a decrease in the amount of support within their program. Only one program, Unit 2, could be said to have had a resident population desiring a substantial increase in support. One program, Unit 1, showed a high degree of variation among its residents (five points among the 1st and 3rd quartiles) in rating how supportive

their program was. This variation was not evident in their ratings of the ideal level of support they would like to have (one point among the 1st and 3rd quartiles).

On the Support subscale both Real and Ideal ratings of residents were below that of staff with the exception of Cottage 3.

(See Tables 7 & 8 and Figures 3 & 4)

Table 7

Staff Median and Quartile Range by Setting:
Support Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| | Median | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| | $Q_1$ | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 9 |
| Real | | | | | | | | | |
| | $Q_3$ | 9 | 10 | 10 | 10 | 10 | 9 | 9 | 9 |
| | Median | 9 | 9 | 9 | 9 | 9.5 | 9 | 8 | 8 |
| | $Q_1$ | 7 | 8 | 8 | 8 | 9 | 8 | 7 | 8 |

Figure 3

Staff Median and Quartile Range by Setting:
Support Subscale

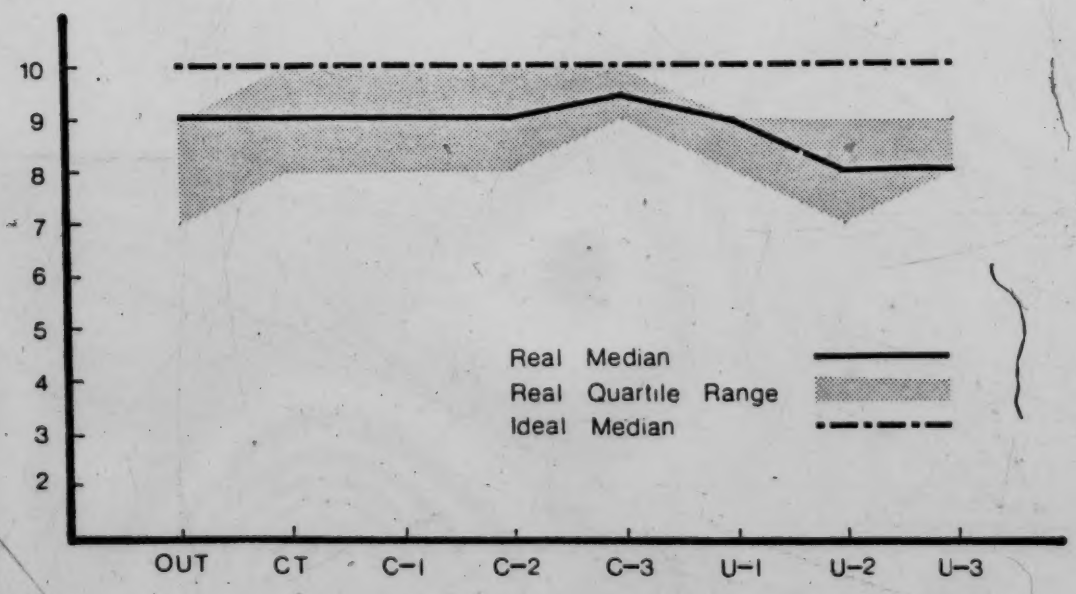


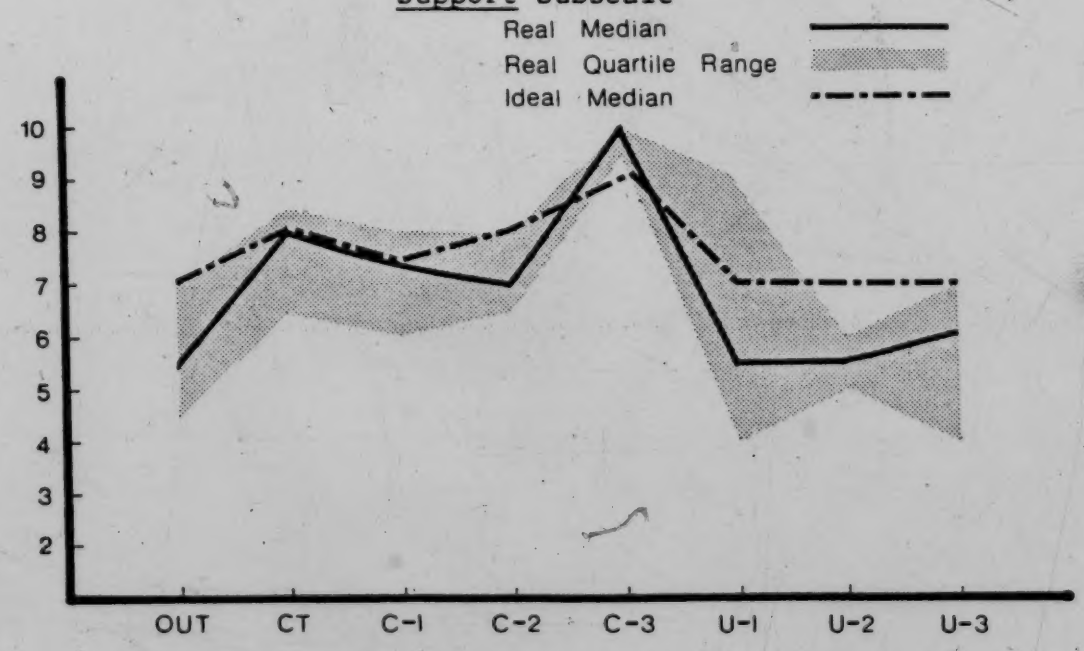
Table 8

Resident Median and Quartile Range by Setting:
Support Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 8 | 9 | 8 | 9 | 9 | 8 | 8 | 7 |
| | Median | 7 | 8 | 7.5 | 8 | 9 | 7 | 7 | 7 |
| | $Q_1$ | 6 | 7 | 7 | 6.5 | 8 | 7 | 6 | 6 |
| Real | | | | | | | | | |
| | $Q_3$ | 7 | 8.5 | 8 | 8 | 10 | 9 | 6 | 7 |
| | Median | 5.5 | 8 | 7.5 | 7 | 10 | 5.5 | 5.5 | 6 |
| | $Q_1$ | 4.5 | 6.5 | 6 | 6.5 | 9.5 | 4 | 5 | 4 |

Figure 4

Resident Median and Quartile Range by Setting:
Support Subscale



**Expressiveness**

Staff showed a desire for substantial to very substantial increases in the extent to which the programs encouraged the open expression of feelings. This view was shared by most residents except those in Cottage 2 who indicated they were satisfied with the current level of expressiveness, and those in Cottage 3 who actually preferred a decrease. Residents in Unit 1 wanted a very substantial increase in this dimension. (Where three quarters of them rated their program currently at four raw score points or below on the Expressiveness subscale, three quarters of them indicated that they would rate an ideal program at 6 raw score points or above).

Ratings of current programs by staff show Cottage 1 and Unit 3 as having a substantially lower press towards expressiveness when compared to the other settings. Unit 2 has a substantially higher rated level of expressiveness when compared to the other settings. Likewise, Unit two staff's rating of the ideal level of a press towards expressiveness is also substantially greater than any of the other programs.

(See Tables 9 & 10 and Figures 5 & 6)

Table 9

Staff Median and Quartile Range by Setting:
Expressiveness Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 9 | 8 | 8 | 9 | 9 | 8 | 9 | 8 |
| | Median | 8 | 8 | 7 | 8 | 8 | 7 | 9 | 8 |
| | $Q_1$ | 7 | 7 | 7 | 7 | 7 | 7 | 9 | 8 |
| Real | | | | | | | | | |
| | $Q_3$ | 8 | 6 | 6 | 6 | 7 | 7 | 8 | 6 |
| | Median | 6 | 6 | 5 | 6 | 6 | 6 | 7 | 5 |
| | $Q_1$ | 5 | 5 | 4 | 5 | 5 | 5 | 6 | 4 |

Figure 5

Staff Median and Quartile Range by Setting:
Expressiveness Subscale

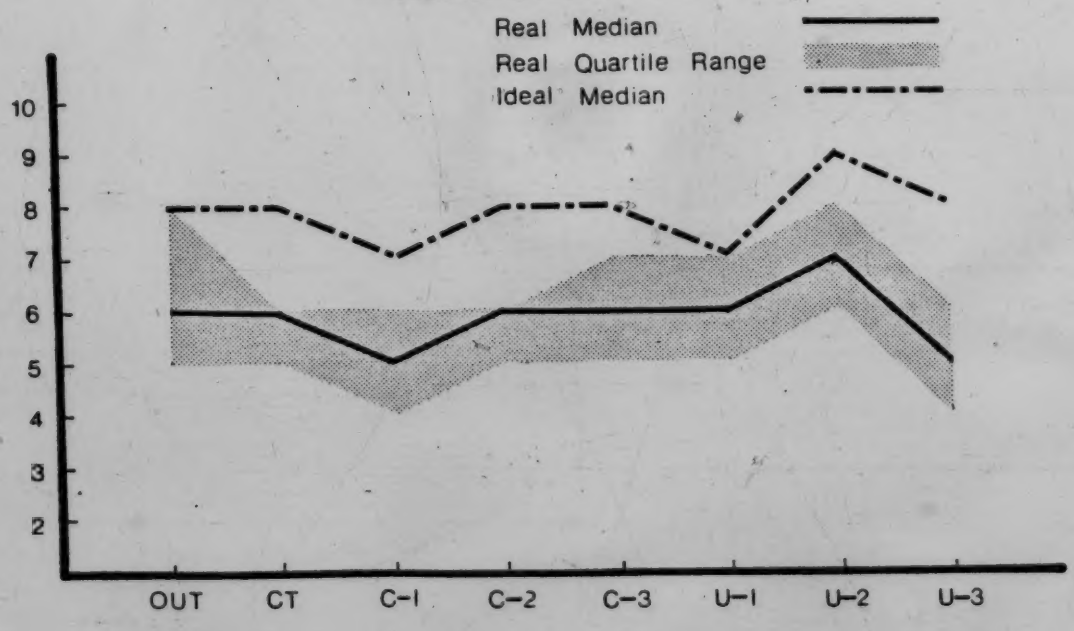


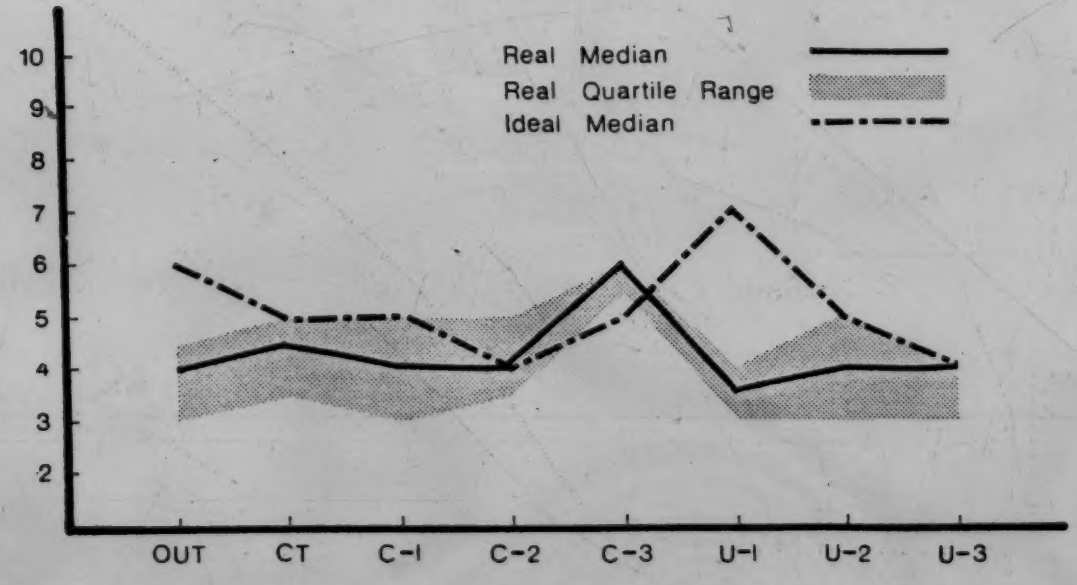
Table 10

Resident Median and Quartile Range by Setting:
Expressiveness Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 7 | 6 | 6 | 5 | 6 | 8 | 6 | 6 |
| | Median | 6 | 5 | 5 | 4 | 5 | 7 | 5 | 4 |
| | $Q_1$ | 4.5 | 4 | 3 | 4 | 5 | 6 | 4 | 4 |
| Real | | | | | | | | | |
| | $Q_3$ | 4.5 | 5 | 5 | 5 | 6 | 4 | 5 | 4 |
| | Median | 4 | 4.5 | 4 | 4 | 6 | 3.5 | 4 | 4 |
| | $Q_1$ | 3 | 3.5 | 3 | 3.5 | 5.5 | 3 | 3 | 3 |

Figure 6

Resident Median and Quartile Range by Setting:
Expressiveness Subscale



**Autonomy**

As might be expected staff in the closed unit (Unit 3) rated their program substantially lower than the rest of the settings in terms of a press towards residents taking initiative in planning activities or taking leadership in the unit. Unit 2 staff rated the press towards autonomy in that program substantially higher than did any of the staff from the other settings. This difference was very substantial compared to the other open unit (Unit 1). All setting staffs, with the exception of Unit 2, indicated they would like a substantial increase in their settings press towards autonomy. Cottage 3 staff indicated that they would like to see a very substantial increase in press toward resident autonomy.

Residents, with the exception of Cottage 3, all rated their settings substantially lower than child care staff in the press towards autonomy. Unit 1 residents had the lowest rating of any resident group, including Unit 3. The low rating by Unit 1 residents is coupled with a desire for a level of autonomy which is about average when compared to the ratings of the other resident groups. The result is that Unit 1 residents desire the greatest increase in autonomy of all resident groups. In comparison, the closed unit (Unit 3), while rating the press towards autonomy relatively low, indicate they are virtually satisfied. The three Cottage 3 residents on the other hand, while having rated the press towards autonomy the highest of all settings, also indicated

they are quite satisfied with this level. This finding is of note, especially when considering the desire for a large increase in the press towards autonomy by Cottage 3 staff.

(See Tables 11 & 12 and Figures 7 & 8)

Table 11

Staff Median and Quartile Range by Setting:
Autonomy Subscale

| | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | |
| $Q_3$ | 8 | 9 | 9 | 9 | 9 | 8 | 9 | 9 |
| Median | 8 | 8 | 8 | 7 | 9 | 7 | 8 | 8 |
| $Q_1$ | 7 | 7 | 7 | 7 | 8 | 6 | 8 | 7 |
| Real | | | | | | | | |
| $Q_3$ | 8 | 7 | 7 | 7 | 7 | 7 | 8 | 5 |
| Median | 7 | 7 | 7 | 6 | 6.5 | 6 | 8 | 5 |
| $Q_1$ | 6 | 5 | 6 | 5 | 5 | 5 | 7 | 3 |

Figure 7

Staff Median and Quartile Range by Setting:
Autonomy Subscale

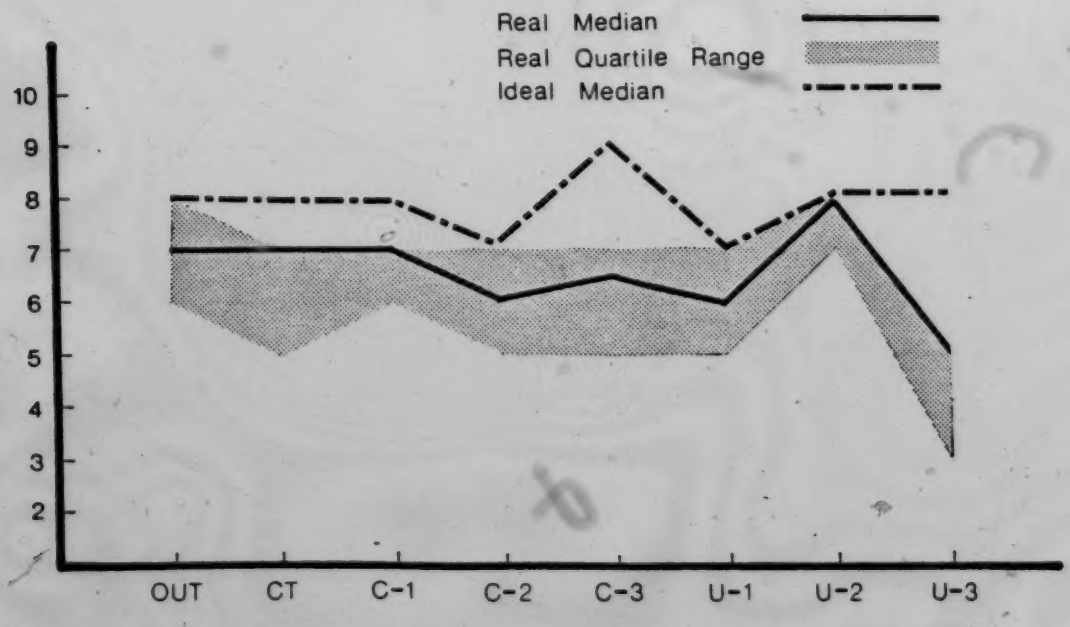


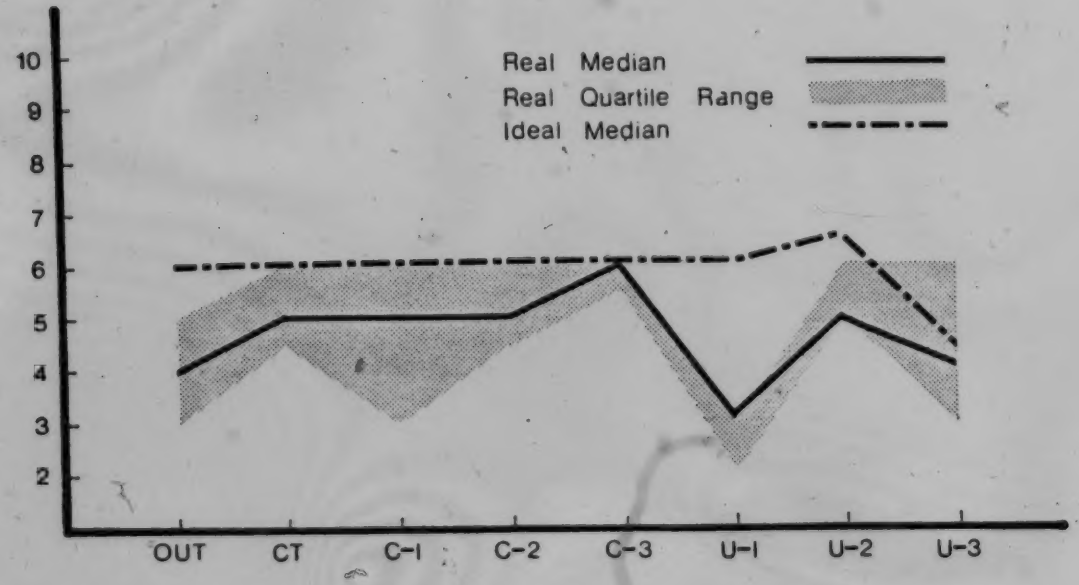
Table 12

Resident Median and Quartile Range by Setting:
Autonomy Subscale

| | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|
| **Ideal** | | | | | | | | |
| $Q_3$ | 7 | 7.5 | 6 | 7.5 | 7 | 8 | 7 | 5 |
| Median | 6 | 6 | 6 | 6 | 6 | 6 | 6.5 | 4.5 |
| $Q_1$ | 5.5 | 5 | 5 | 5 | 5.5 | 5 | 6 | 4 |
| **Real** | | | | | | | | |
| $Q_3$ | 5 | 6 | 6 | 6 | 6 | 3 | 6 | 6 |
| Median | 4 | 5 | 5 | 5 | 6 | 3 | 5 | 4 |
| $Q_1$ | 3 | 4.5 | 3 | 4.5 | 5.5 | 2 | 5 | 3 |

Figure 8

Resident Median and Quartile Range by Setting:
Autonomy Subscale



**Practical Orientation**

Staff in Units 1 and 2 and Cottage 3 rated their respective setting's current press toward practical orientation substantially higher than Cottage 1 and 2 and very substantially higher than the closed unit (Unit 3). All staff, with the exception of Unit 2, desire substantial increases in Practical Orientation. Unit 3 staff would like a very substantial increase in this area. This is a perception shared by the Unit 3 residents.

All three cottages' residents and Unit 3 residents desire an increase in this area. Conversely, Unit 1 and 2 residents would like to see a very substantial decrease in this press toward preparing for release from the program. Overall resident perceptions of the current level of press on this dimension are substantially below that of child care staff.

(See Tables 13 & 14 and Figures 9 & 10)

Table 13

Staff Median and Quartile Range by Setting:
Practical Orientation Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 10 | 10 | 9 | 9 | 10 | 10 | 10 | 9 |
| | Median | 10 | 9 | 9 | 9 | 9.5 | 10 | 9 | 9 |
| | $Q_1$ | 9 | 9 | 8 | 9 | 9 | 10 | 9 | 9 |
| Real | | | | | | | | | |
| | $Q_3$ | 10 | 9 | 9 | 9 | 9 | 10 | 9 | 8 |
| | Median | 9 | 8 | 8 | 8 | 9 | 9 | 9 | 7 |
| | $Q_1$ | 8 | 8 | 7 | 7 | 8 | 9 | 8 | 6 |

Figure 9

Staff Median and Quartile Range by Setting:
Practical Orientation Subscale

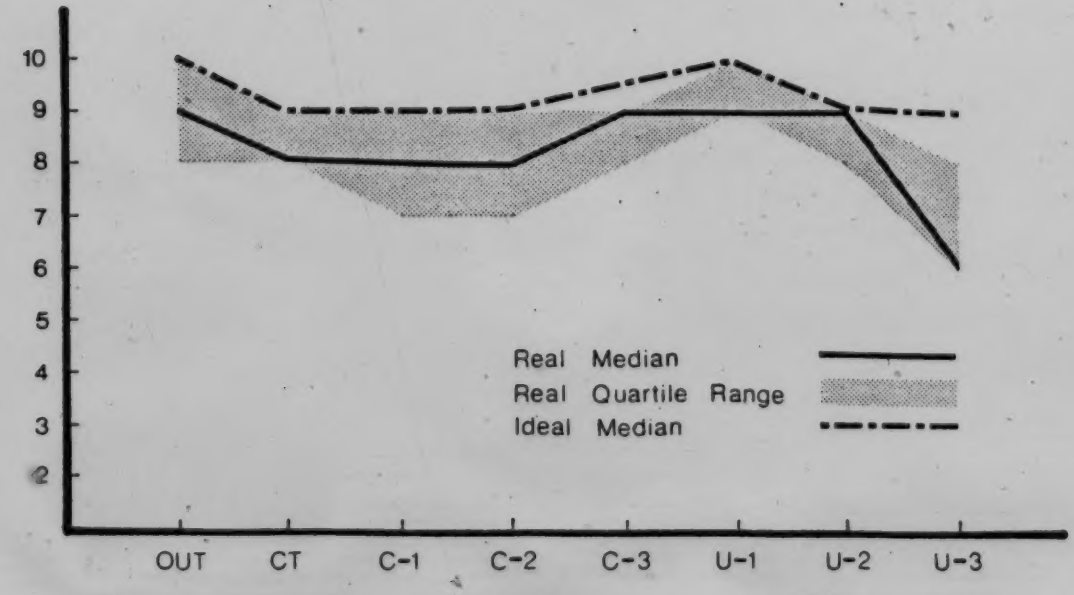


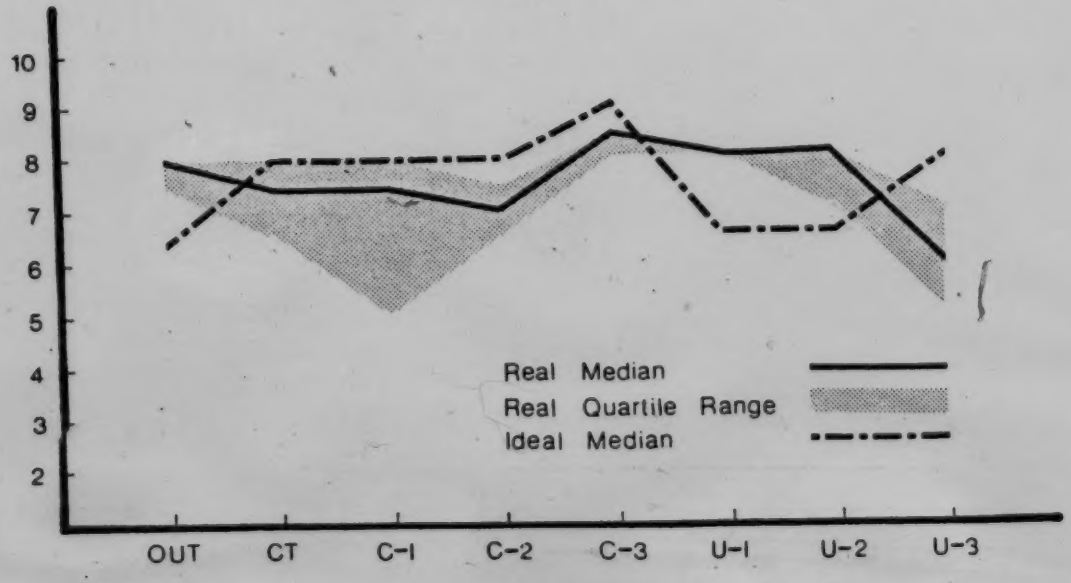
Table 14

Resident Median and Quartile Range by Setting:
Practical Orientation Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 7 | 9 | 9 | 9 | 9 | 8 | 7 | 9 |
| | Median | 6.5 | 8 | 8 | 8 | 9 | 6.5 | 6.5 | 8 |
| | $Q_1$ | 5.5 | 7 | 7 | 7.5 | 8 | 4 | 6 | 7 |
| Real | | | | | | | | | |
| | $Q_3$ | 8 | 8 | 8 | 7.5 | 8.5 | 8 | 8 | 7 |
| | Median | 8 | 7.5 | 7.5 | 7 | 8 | 8 | 8 | 6 |
| | $Q_1$ | 7.5 | 6.5 | 5 | 6.5 | 8 | 8 | 7 | 5 |

Figure 10

Resident Median and Quartile Range by Setting:
Practical Orientation Subscale



**Personal Problem Orientation**

There are no substantial differences in staff ratings among settings on the current level of this press. In other words the press to encourage residents to be concerned with their personal problems and feelings and to seek to understand them seems equally present across settings, as rated by staff. Two settings however show a high degree of variance in their perceptions. Cottage 1 has a four point spread among the 1st and 3rd quartiles, and Unit 2 has a 3 point spread.

All of the settings' staff indicate they would like at least a substantial increase in this press, although for Unit 1 the amount of increase is somewhat less than it is for the other settings.

The ratings of the settings' residents are generally lower than those of staff, with the exception of residents from Unit 1 whose ratings exactly correspond with those of Unit 1 staff. Unit 1 residents however, rather than desiring an increase in concern with their personal problems and feelings, actually desire a decrease. Only residents in Cottage 2 and Unit 2 would seem to desire any substantial increase in Personal Problem Orientation within their settings.

Lastly, Unit 3 residents show a broad range of variation in their perceptions of the current level of Personal Problem Orientation within their setting. (Four points among the 1st and 3rd quartile). In their ratings of

what would constitute an ideal level of this press the variation is reduced to one point among the 1st and 3rd quartiles.

(See Tables 15 & 16 and Figures 11 & 12)

Table 15

Staff Median and Quartile Range by Setting:
Personal Problem Orientation Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 8 | 9 | 9 | 8 | 9 | 8 | 9 | 8 |
| | Median | 8 | 8 | 8 | 8 | 8 | 7 | 8 | 8 |
| | $Q_1$ | 7 | 7 | 8 | 7 | 7 | 7 | 8 | 7 |
| Real | | | | | | | | | |
| | $Q_3$ | 7 | 7 | 8 | 7 | 7 | 7 | 7 | 7 |
| | Median | 6 | 6 | 6 | 6.5 | 6 | 6 | 6 | 6.5 |
| | $Q_1$ | 5 | 5 | 4 | 5 | 6 | 5 | 4 | 5 |

Figure 11

Staff Median and Quartile Range by Setting:
Personal Problem Orientation Subscale

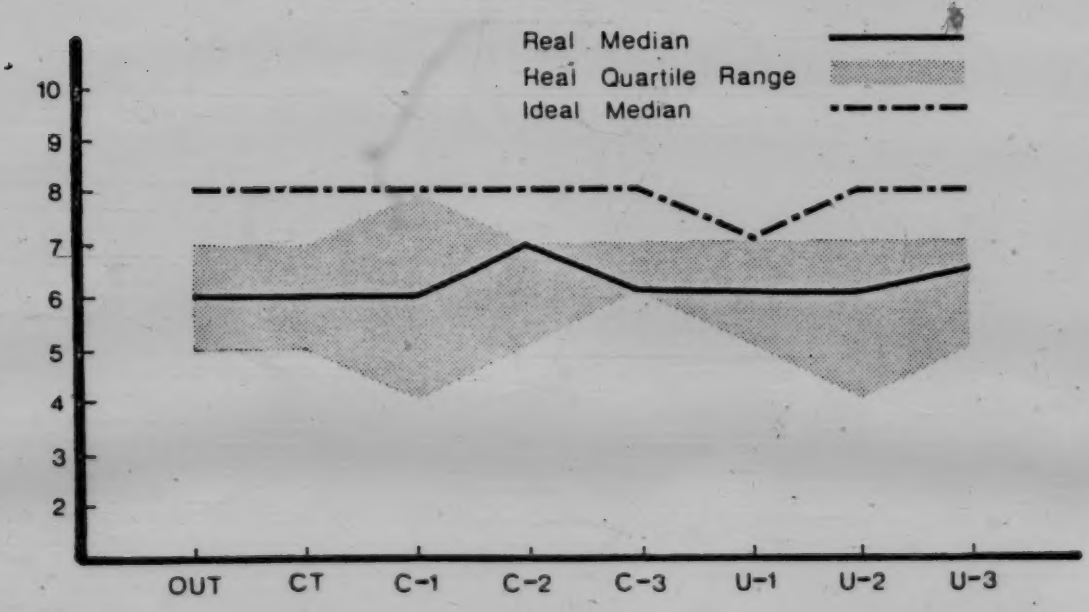


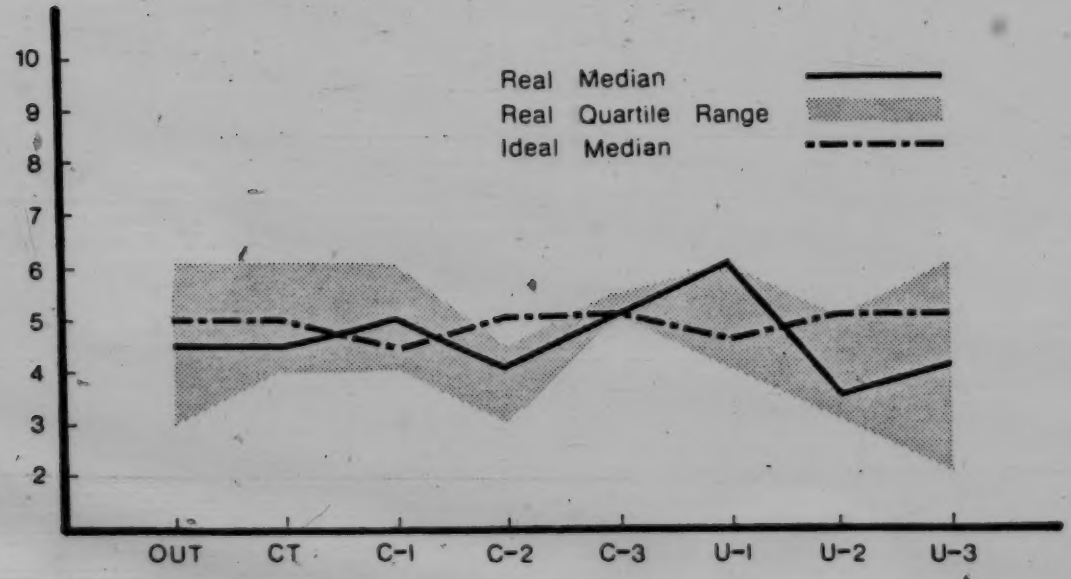
Table 16

Resident Median and Quartile Range by Setting:
Personal Problem Orientation Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 5 | 5 | 5 | 5 | 5 | 8 | 5 | 5 |
| | Median | 5 | 5 | 4.5 | 5 | 5 | 4.5 | 5 | 5 |
| | $Q_1$ | 4 | 3 | 3 | 3 | 5 | 4 | 4 | 4 |
| Real | | | | | | | | | |
| | $Q_3$ | 6 | 6 | 6 | 4.5 | 5.5 | 6 | 5 | 6 |
| | Median | 4.5 | 4.5 | 5 | 4 | 5 | 6 | 3.5 | 4 |
| | $Q_1$ | 3 | 4 | 4 | 3 | 5 | 4 | 3 | 2 |

Figure 12

Resident Median and Quartile Range by Setting:
Personal Problem Orientation Subscale



**Order and Organization**

Staff generally saw a high degree of order and organization across all settings. Both Cottage 2 and Unit 1 staff perceived a substantially higher level of press toward order and organization compared to other setting staff. All settings' staff actually appeared to desire a slight decrease in order and organization with the exception of Cottage 1 and Unit 2 who seem satisfied with the current level.

Resident's overall again viewed the level of press substantially below that of staff. Only Cottages 1 and 3 residents perceptions differed substantially from other residents. Both these resident groups rated the level of order and organization within their settings above those of other settings. There is considerable variation among residents within some settings. Unit 1 and Unit 3 have five point spreads among the 1st and 3rd quartiles, and Cottage 1 has a four point spread. Thus some residents would seem to hold widely varying opinions about the current level of order and organization within their programs.

Cottage 2 and 3 residents indicate a desire for substantial increases in order and organization. All residents seem to desire some increase, with the exception of Unit 2 residents who seem satisfied with current levels.

(See Tables 17 & 18 and Figures 13 & 14)

Table 17

Staff Median and Quartile Range by Setting:
Order and Organization Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 10 | 9 | 8 | 9 | 9 | 10 | 9 | 9 |
| | Median | 9 | 8 | 8 | 8.5 | 7.5 | 9 | 8 | 7 |
| | $Q_1$ | 8 | 7 | 7 | 7 | 6 | 8 | 7 | 5 |
| Real | | | | | | | | | |
| | $Q_3$ | 10 | 9 | 9 | 10 | 8 | 10 | 9 | 9 |
| | Median | 9 | 8 | 8 | 9 | 8 | 10 | 8 | 8 |
| | $Q_1$ | 8 | 7 | 7 | 7 | 7 | 9 | 8 | 6 |

Figure 13

Staff Median and Quartile Range by Setting:
Order and Organization Subscale

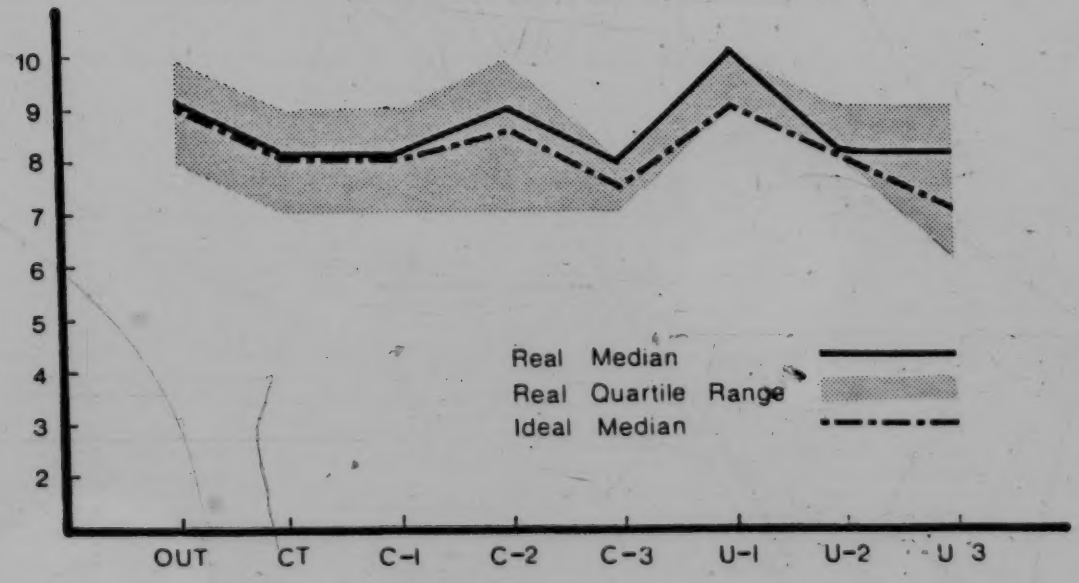


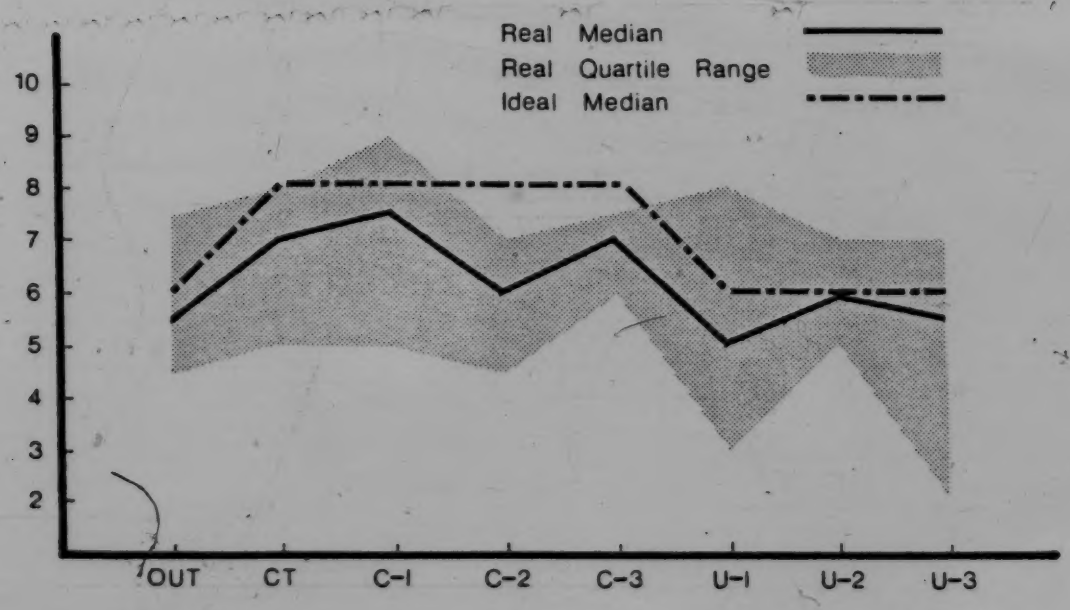
Table 18

Resident Median and Quartile Range by Setting:
Order and Organization Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 6.5 | 9 | 10 | 9 | 8 | 7 | 6 | 8 |
| | Median | 6 | 8 | 8 | 8 | 8 | 6 | 6 | 6 |
| | $Q_1$ | 5.5 | 6 | 6 | 7 | 6.5 | 5 | 6 | 4 |
| Real | | | | | | | | | |
| | $Q_3$ | 7.5 | 8 | 9 | 7 | 7.5 | 8 | 7 | 7 |
| | Median | 5.5 | 7 | 7.5 | 6 | 7 | 5 | 6 | 5.5 |
| | $Q_1$ | 4.5 | 5 | 5 | 4.5 | 6 | 3 | 5 | 2 |

Figure 14

Resident Median and Quartile Range by Setting:
Order and Organization Subscale



Clarity

Child Care Staff across settings did not have any substantial differences in ratings of program clarity, and the variation in individual staff member ratings was actually quite small (two points or less for all settings). All settings' staff seem satisfied with the level of clarity existing for residents except Cottage 1, and to a lesser extent, Unit 3. Both settings' staffs desire substantial increases in program clarity but there is a large (2 point difference) among the real and ideal medians for Cottage 1, and only one half point difference among these medians for Unit 3 staff.

Residents in Cottages 1 and 2 and Unit 1 all perceived the level of clarity in their programs in a similar manner to that of staff. Residents in the other three programs (Cottage 3, Unit 2, and Unit 3) perceived less program clarity than did their respective staffs.

In terms of a desire for increased program clarity, four out of the six programs' resident groups want a substantial increase in program clarity. These groups are the three Cottages and the closed unit (Unit 3). Both open units' resident groups seem satisfied with current levels of program clarity.

(See Tables 19 & 20 and Figures 15 & 16)

Table 19

Staff Median and Quartile Range by Setting:
Clarity Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | Median | 9 | 8 | 9 | 8 | 8.5 | 9 | 8 | 8.5 |
| | $Q_1$ | 8 | 8 | 8 | 7 | 8 | 8 | 8 | 8 |
| Real | | | | | | | | | |
| | $Q_3$ | 9 | 9 | 8 | 8 | 9 | 9 | 8 | 8 |
| | Median | 8 | 7 | 7 | 7.5 | 7.5 | 8 | 8 | 8 |
| | $Q_1$ | 7 | 7 | 7 | 7 | 7 | 8 | 7 | 7 |

Figure 15

Staff Median and Quartile Range by Setting:
Clarity Subscale

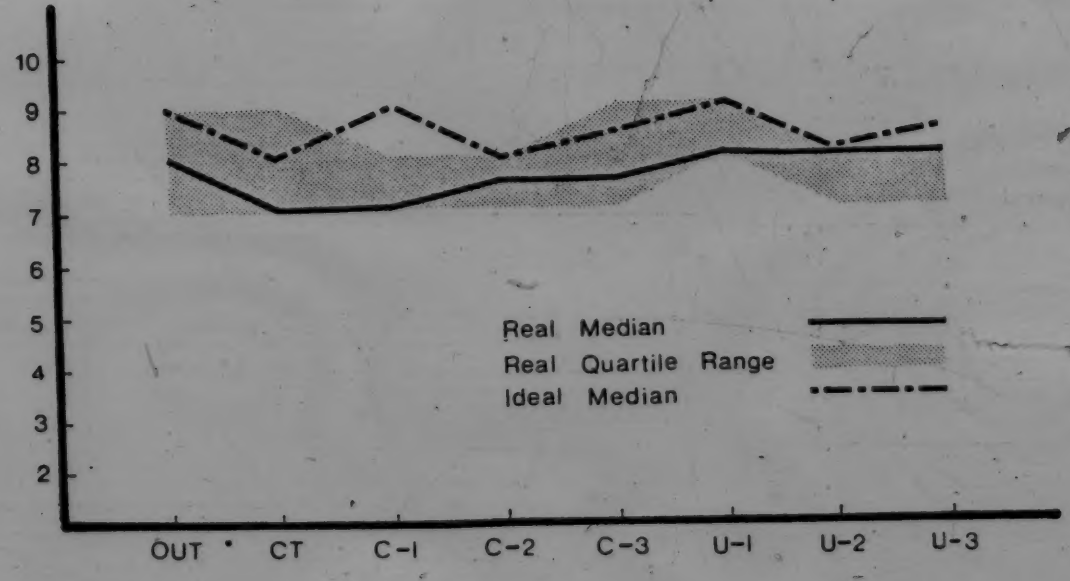


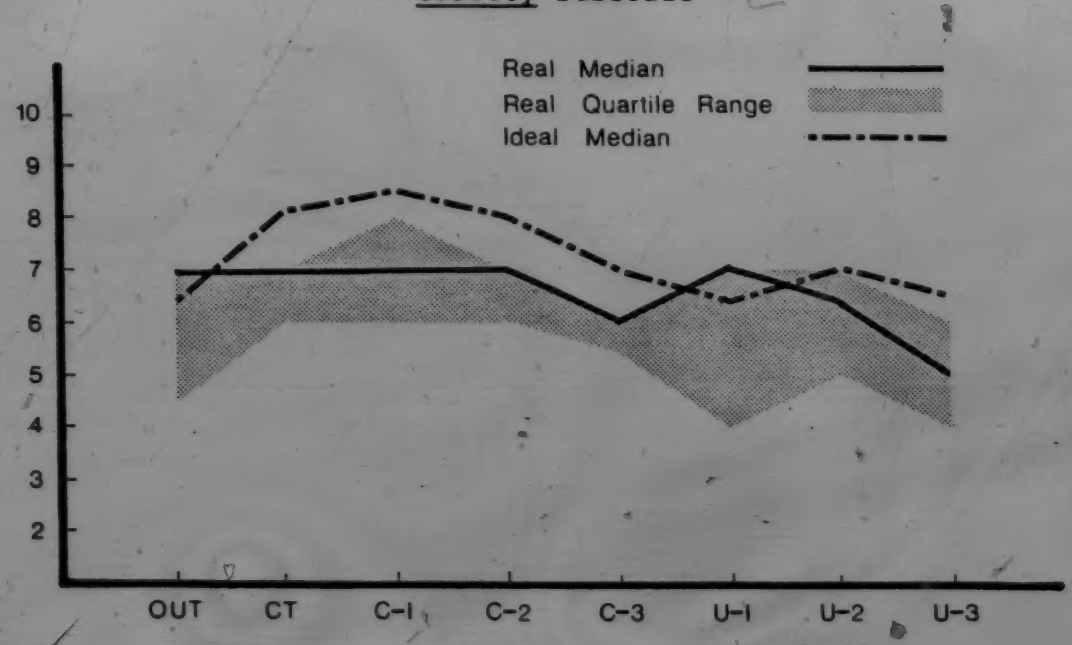
Table 20

Resident Median and Quartile Range by Setting:
Clarity Subscale

| | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|
| **Ideal** | | | | | | | | |
| $Q_3$ | 7.5 | 9.5 | 10 | 9.5 | 7.5 | 8 | 7 | 8 |
| Median | 6.5 | 8 | 8.5 | 8 | 7 | 6.5 | 6.5 | 6.5 |
| $Q_1$ | 6 | 6.5 | 7 | 7 | 6.5 | 6 | 6 | 6 |
| **Real** | | | | | | | | |
| $Q_3$ | 7 | 7 | 8 | 7 | 6 | 7 | 7 | 6 |
| Median | 7 | 7 | 7 | 7 | 6 | 7 | 6.5 | 5 |
| $Q_1$ | 4.5 | 6 | 6 | 6 | 5.5 | 4 | 5 | 4 |

Figure 16

Resident Median and Quartile Range by Setting:
Clarity Subscale



**Staff Control**

The extent to which staff use measures to keep residents under control is rated substantially lower by the staffs in Cottage 3 and Unit 2 compared to the other four settings. (Cottages 1 and 2 and Units 1 and 3). The staffs in Cottages 1 and 2 and Units 2 and 3 indicate they would like a substantial reduction in the amount of staff control they use, with Cottage 1 indicating they would like the greatest decrease of all programs. It is noted that in assessing the level of staff control which exists presently, the staff of Cottage 1 show considerable variability (four points among the 1st and 3rd quartiles). In indicating the level of staff control they would ideally like to have, the amount of variation drops to 1 point.

The most striking result from the resident ratings of staff control is that Unit 1 residents rated their program as exercising substantially greater staff control than any other resident group rated their program. At the same time Unit 1 residents desire a very substantial decrease in staff control, below even the ideal levels desired by any other programs' residents. Two other resident groups indicate they would like substantial decreases in the amount of staff control: Cottage 3 and Unit 3. Cottage 1 residents were the only group indicating they would like a substantial increase in staff control.

(Tables 21 & 22 and Figures 17 & 18)

Table 21

Staff Median and Quartile Range by Setting:
Staff Control Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 4 | 3 | 3 | 3 | 4 | 7 | 3 | 4 |
| | Median | 3 | 3 | 2 | 3 | 3 | 4 | 2 | 3 |
| | $Q_1$ | 2 | 1 | 2 | 2 | 1 | 3 | 2 | 2 |
| Real | | | | | | | | | |
| | $Q_3$ | 4 | 5 | 6 | 5 | 4 | 5 | 4 | 6 |
| | Median | 4 | 3 | 4 | 4 | 3 | 4 | 3 | 4 |
| | $Q_1$ | 3 | 3 | 3 | 3 | 2 | 4 | 3 | 3 |

Figure 17

Staff Median and Quartile Range by Setting:
Staff Control Subscale

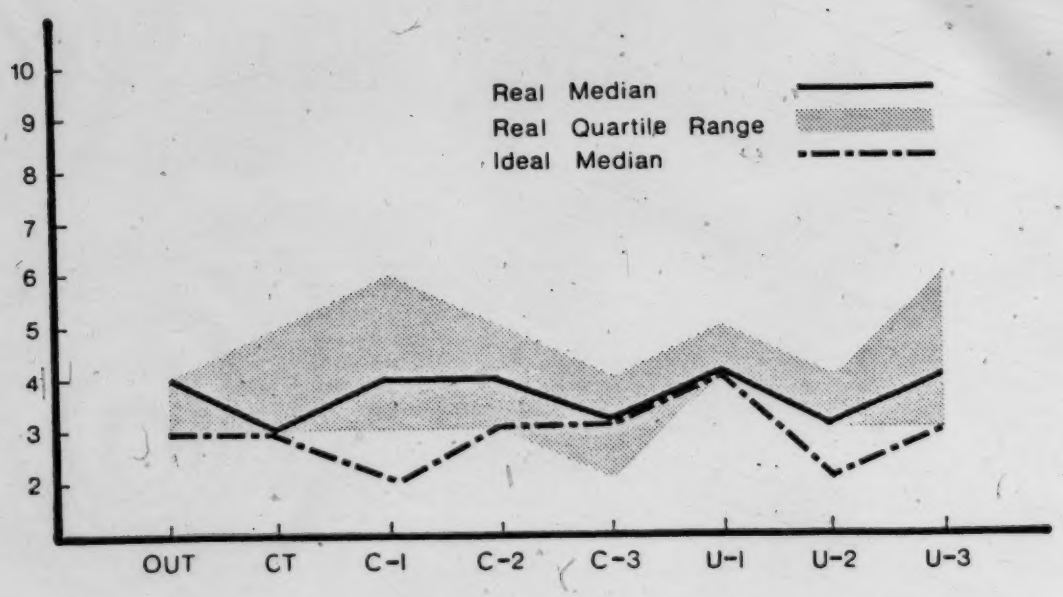


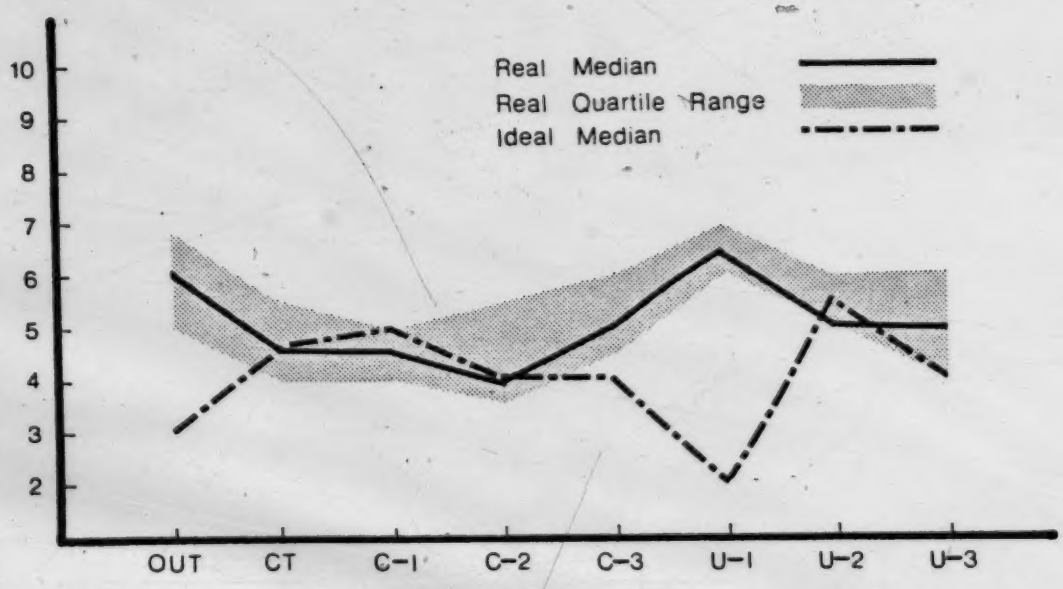
Table 22

Resident Median and Quartile Range by Setting:
Staff Control Subscale

| | | OUT | CT | C1 | C2 | C3 | U1 | U2 | U3 |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 6 | 4.5 | 7 | 5 | 5 | 3 | 6 | 4 |
| | Median | 3 | 4.5 | 5 | 4 | 4 | 2 | 5.5 | 4 |
| | $Q_1$ | 2 | 4 | 4 | 4 | 4 | 1 | 3 | 3 |
| Real | | | | | | | | | |
| | $Q_3$ | 7 | 5.5 | 5 | 5.5 | 6 | 7 | 6 | 6 |
| | Median | 6 | 4.5 | 4.5 | 4 | 5 | 6.5 | 5 | 5 |
| | $Q_1$ | 5 | 4 | 4 | 3.5 | 4.5 | 6 | 5 | 4 |

Figure 18

Resident Median and Quartile Range by Setting:
Staff Control Subscale



**D. Summary and Configuration of Substantial Differences among Settings**

It is evident from examining the configuration of substantial differences among settings that the research hypothesis of substantial differences among settings in both resident and staff ratings of current social climate is only partially supported. While the staff ratings of the current levels of social climate differentiate among all settings, resident ratings do not.

Residents' ratings differentiate among, but not within, the Cottage and Unit groupings. Residents in the Cottages rate the levels of involvement and support within their programs substantially higher than residents in the Units rate their own programs. Cottage 3 residents rate their setting the highest of all the settings in both the Relationship and Treatment Program dimensions, but these results must be interpreted with caution because of the small sample of three residents. Unit 1 residents' ratings differentiate them from the other groups by coupling ratings of a low level of press towards autonomy with a rating of a high level of press towards staff control.

The most evident pattern arising from a configurational analysis of the substantial differences among setting staff is that the staff in the closed unit (Unit 3) perceive the lowest level of emphasis on Relationship and Treatment Program dimensions of any staff group. Unit 2 staff, while lower than all groups except Unit 3 staff, in rating current

levels of support within their program, rated their program higher than any other setting in both the press towards expressiveness and towards autonomy. Cottage 3 rated their program as substantially more supportive when compared to the other staff's ratings of their respective programs. This rating by Cottage 3 staff was coupled with a substantially lower rating on Staff Control and a high rating on Practical Orientation.

(See Table 23) (See Table 23)

Table 23

Summary and Configuration of Substantial Differences among Settings

| | | Scale | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Residents | Setting | I | S | E | A | PO | PPO | OO | C | SC |
| | OU | L | L | - | - | - | - | - | - | - |
| | CT | H | H | - | - | - | - | - | - | - |
| | C1 | VH | H | - | - | - | - | - | - | - |
| | C2 | VH | H | - | - | - | - | - | - | - |
| | C3 | H | VH | VH | H | H | - | - | - | - |
| | U1 | L | L | - | L | - | - | - | - | H |
| | U2 | L | L | - | - | - | - | - | - | - |
| | U3 | L | L | - | - | - | - | - | - | - |
| Staff | | | | | | | | | | |
| | OU | - | - | - | - | - | - | - | - | - |
| | CT | - | - | - | - | - | - | - | - | - |
| | C1 | - | - | L | - | L | - | - | - | - |
| | C2 | - | - | - | - | L | - | L | - | - |
| | C3 | - | H | - | - | H | - | - | - | L |
| | U1 | - | - | - | - | H | - | H | - | - |
| | U2 | - | L | H | H | H | - | - | - | L |
| | U3 | L | L | L | L | VL | - | - | - | - |

L - Low - a substantial difference where the group median falls at or below the 1st quartile of other groups.

VL - Very Low - a very substantial difference where the 3rd quartile of the group lies below the 1st quartile of other groups.

H - High - a substantial difference where the groups median falls at or above the 3rd quartile of other groups

VH - Very High - a very substantial difference where the groups 1st quartile falls at or above the 3rd quartile of other groups.

* Where two or more ratings of difference occur simultaneously in one category (eg. Low, Low) these groups are very similar to each other but are substantially or very substantially different from the other groups in the category.

** List of Scale and Setting Abbreviations contained in Appendix E.

**E. Summary and Configuration of Real-Ideal Differences by Setting**

The result of a configurational analysis of Real-Ideal differences is that the staff in all settings wish at least a substantial increase in all three Relationship dimensions of Involvement, Support and Expressiveness. Unit 2 staff want a very substantial increase across all three of these dimensions.

With the exception of Unit 2, all settings' staffs desire at least a substantial increase in the Treatment Program dimensions of Autonomy, Practical Orientation and Personal Problem Orientation. Unit 2 staff seem satisfied with their programs current level of press toward Autonomy and Practical Orientation. All staffs indicate they want a very substantial increase in Personal Problem Orientation.

The trends in the System Maintenance dimensions of Order and Organization, Clarity, and Staff Control are not as consistent across all settings, and it is in this area that the only desires for decreases in certain types of press are evident. Both Open Units' staff, for example, desire a substantial decrease in Order and Organization, while other settings' staffs seem satisfied at current levels. Only two staffs, Cottage 3 and Unit 1, are satisfied with current levels of Staff Control. All other settings wish a substantial decrease. Three settings' staffs, Cottages 1 and 2 and Unit 1, desire substantial increases in Program Clarity. All others seem basically satisfied with

current levels.

For residents, while the Real-Ideal differences already addressed in the discussion of each subscale do differentiate among settings, no configuration of substantial Real-Ideal differences seems to easily differentiate among settings. For residents' results it would appear that each settings' configuration of Real-Ideal differences are best viewed as being specific to that setting rather than necessarily differentiating among settings.

The second research hypothesis of substantial differences among child care staff and residents in rating both the current social climate and what should comprise the ideal social climate is upheld in examining individual subscale differences. Residents' ratings are generally more negative than staff for both current and ideal programs. With two notable exceptions residents all appear to desire any changes to be in the same direction as staff. The two exceptions are that Unit 1 and 2 residents appear to want a decrease in the press toward Practical Orientation while Child Care Staff want an increase. Cottage 3 residents want a decrease in Expressiveness while the staff desires an increase.

(See Table 24)

Table 24

Summary and Configuration of Substantial Real-Ideal Differences by Setting

| | | Scale | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Residents | Setting | I | S | E | A | PO | PPO | OO | C | SC |
| | OU | I* | I* | I | I* | D* | - | - | - | D* |
| | CT | I | I | I | I | I | - | - | I | - |
| | C1 | I* | I* | I | I | I | - | - | I | - |
| | C2 | I | I | - | I | I* | I | I | I* | - |
| | C3 | I | I | D* | I | I | - | I | I* | D |
| | U1 | I* | I* | I* | I* | D* | - | - | - | D* |
| | U2 | I* | I* | I | I* | D* | I | - | - | - |
| | U3 | I | I | I* | - | I* | - | - | I* | D* |
| Staff | | | | | | | | | | |
| | OU | I* | I* | I | I | I | I* | - | I | D |
| | CT | I | I | I* | I* | I* | I* | - | - | - |
| | C1 | I* | I | I* | I* | I | I* | - | I | D |
| | C2 | I | I | I* | I* | I* | I* | - | I | D |
| | C3 | I | I | I | I* | I* | I* | - | - | - |
| | U1 | I | I* | I | I | I | I* | D | I | - |
| | U2 | I* | I* | I* | - | - | I* | D | - | D |
| | U3 | I* | I | I* | I* | I* | I* | - | - | D |

I* - refers to a desire for a very substantial increase (the ideal scale 1st quartile lies at or above the real scale 3rd quartile)

I - refers to a desire for a substantial increase (the ideal scale median lies at or above the real scale 3rd quartile)

D* - refers to a desire for a very substantial decrease (the ideal scale 3rd quartile falls at or below the real scale 1st quartile)

D - refers to a desire for a substantial decrease (the ideal scale median falls at or below the real scale 1st quartile)

** List of Scale and Setting Abbreviations contained in Appendix E.

**F. Differences among Groups**

**Abbreviations used in Tables and Figures Showing Median and Quartile Range by Group**

The following abbreviations apply in interpreting tables and figures showing median and quartile range by group: (Tables 25 through 36 and Figures 19 through 27).

AI - All Individuals
AA - All Adults
Res - Residents
CCS - Child Care Staff
APS - Administrative and Program Staff
T - Teachers
Con - Consultants
AB - Advisory Board

Ideal - results on Form I of the CIES

Real - results on Form R of the CIES

In Tables 35 and 36 where substantial differences on all individual subscales are presented, the first letters of each subscale name forms the abbreviation (ie. I - Involvement subscale, P.O. Practical Orientation subscale etc.)

The following table shows the size of the Westfield groups in the study as a percentage of the respective populations for each group.

Table 25

Size of Westfield Groups in Study

| | Groups | Group Size | Pop. | Group % of Pop. |
|---|---|---|---|---|
| *1. | Residents | 38 | 60 | 63% |
| *2. | Child Care Staff | 57 | 60 | 95% |
| 3. | Admin/Program Staff | 12 | 12 | 100% |
| 4. | Teachers | 7 | 10 | 90% |
| 5. | Consultants | 7 | 7 | 100% |
| 6. | Advisory Board Members | 5 | 6 | 83% |
| | Total | 126 | 155 | 82% |

* The Residents from all settings were combined and considered as one group. The Child Care Staffs were also combined and considered as one group.
** List of Abbreviations contained in Appendix E.

**Involvement**

Residents perceived the Involvement over all programs at Westfield as being substantially below that indicated by other groups and it was actually rated very substantially below the perceptions of Consultants. Consultants' ratings were substantially higher than all other groups and were very substantially above the ratings of Teachers and substantially above those of Child Care Staff and Administrative and Program staff.

All groups indicated they desire a very substantial increase in resident involvement in the program with the exception of residents who desired a substantial increase.

It should be noted however that the level of increase in involvement desired by residents is very substantially below that which adult groups would see as ideal.

(See Table 26 and Figure 19)

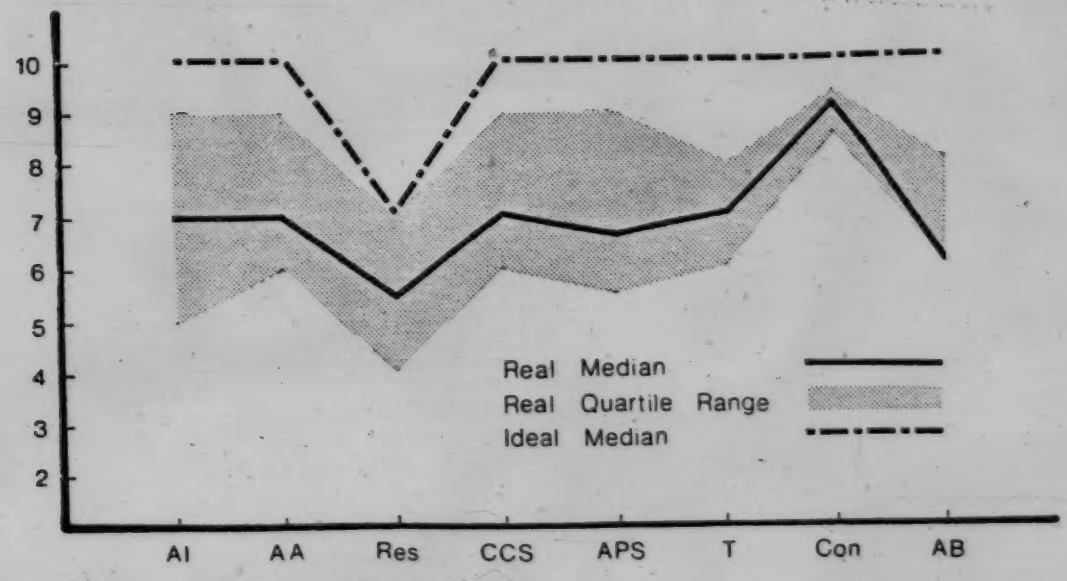
Table 26

Median and Quartile Range by Groups:
Involvement Subscale

| | | AI | AA | Res | CCS | APS | T | Con | AB |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 10 | 10 | 9 | 10 | 10 | 10 | 10 | 10 |
| | Median | 10 | 10 | 7 | 10 | 10 | 10 | 10 | 10 |
| | $Q_1$ | 9 | 10 | 6 | 9 | 10 | 10 | 10 | 10 |
| Real | | | | | | | | | |
| | $Q_3$ | 9 | 9 | 7 | 9 | 9 | 8 | 9.5 | 8 |
| | Median | 7 | 7 | 5.5 | 7 | 6.5 | 7 | 9. | 6 |
| | $Q_1$ | 5 | 6 | 4 | 6 | 5.5 | 6 | 8.5 | 6 |

Figure 19

Median and Quartile Range by Groups:
Involvement Subscale



**Support**

Residents rated the level of support within the program substantially below that of all groups and very substantially below that of Teachers and Consultants. There was very little variation among the adult groups although it might be said that Consultants, compared with other groups, consistently see a higher level of support existing within the programs. All adult groups would seem to perceive a high level of support existing across the Westfield residential programs, however they would still like to see a substantial to very substantial increase in the level of support within the programs. Residents indicated that they are quite satisfied with the level of support they receive within the Westfield programs.

(See Table 27 and Figure 20)

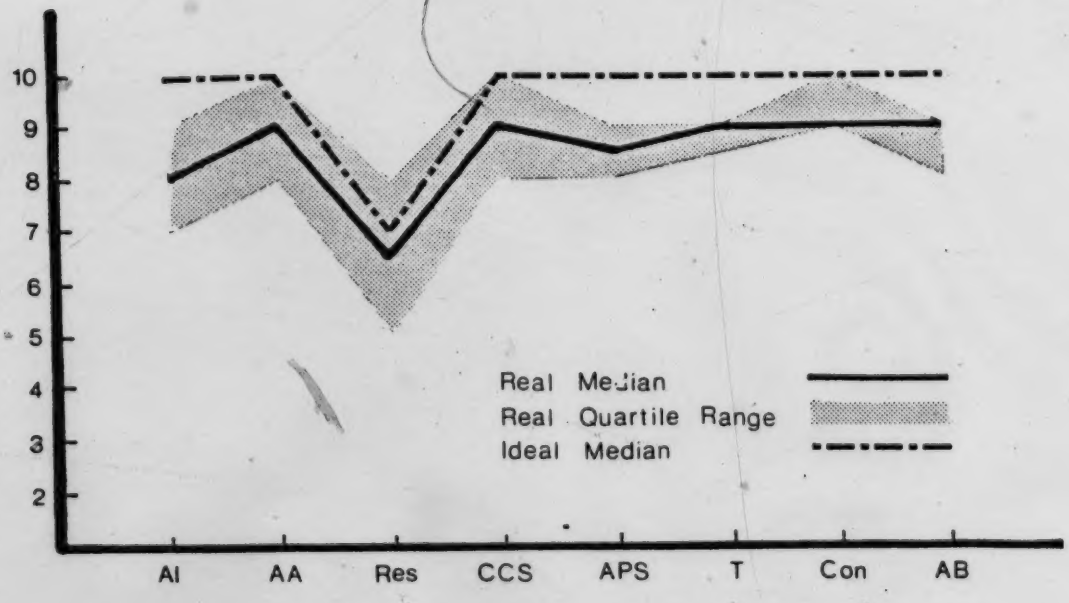
Table 27

Median and Quartile Range by Groups:
Support Subscale

| | | AI | AA | Res | CCS | APS | T | Con | AB |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 10 | 10 | 9 | 10 | 10 | 10 | 10 | 10 |
| | Median | 10 | 10 | 7 | 10 | 10 | 10 | 10 | 10 |
| | $Q_1$ | 8 | 10 | 6 | 10 | 10 | 10 | 10 | 10 |
| Real | | | | | | | | | |
| | $Q_3$ | 9 | 10 | 8 | 10 | 9 | 9 | 10 | 9 |
| | Median | 8 | 9 | 6.5 | 9 | 8.5 | 9 | 9 | 9 |
| | $Q_1$ | 7 | 8 | 5 | 8 | 8 | 8.5 | 9 | 8 |

Figure 20

Median and Quartile Range by Groups:
Support Subscale



**Expressiveness**

Residents viewed the extent to which the Westfield residential program encourages the open expression of feelings substantially to very substantially below that of all adult groups, with the exception of the Administrative and Program Staff. While the medians of all of the adult groups coincide exactly there is a wide range of perception among the individuals comprising two groups. There is a three and one half point spread among the 1st and 3rd quartiles for Administrative and Program Staff, and a four point spread for Consultants.

All groups would like to see substantial to very substantial increases in this area, however again for residents, the magnitude of this increase is very substantially below that of the adult groups.

(See Table 28 and Figure 21)

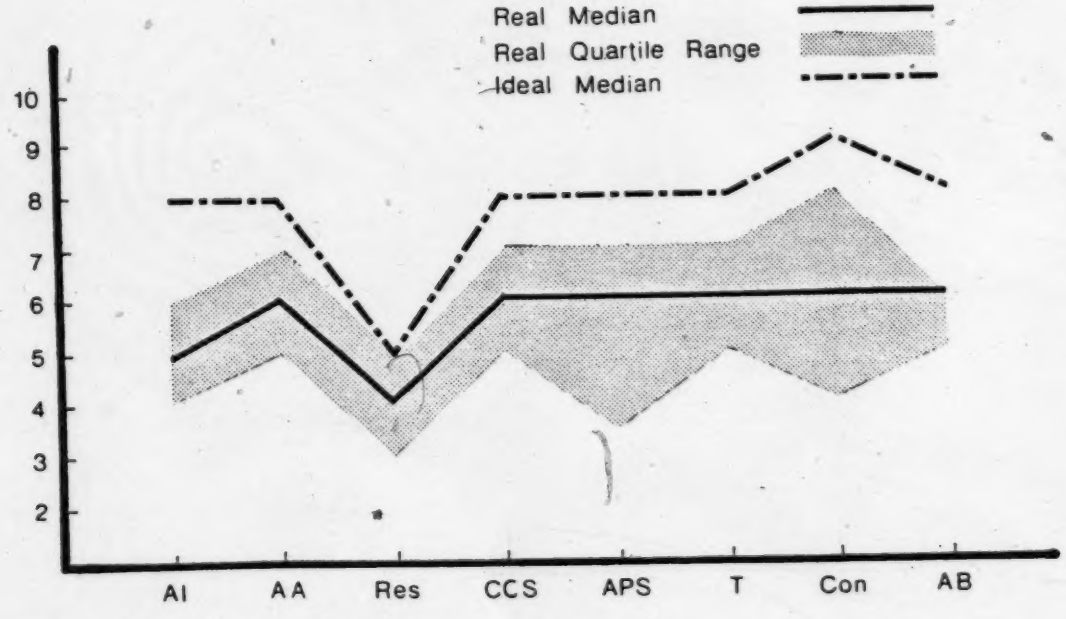
Table 28

Median and Quartile Range by Groups:
Expressiveness Subscale

| | | AI | AA | Res | CCS | APS | T | Con | AB |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 8 | 9 | 6 | 9 | 9 | 9 | 9 | 9 |
| | Median | 8 | 8 | 5 | 8 | 8 | 8 | 9 | 8 |
| | $Q_1$ | 6 | 7 | 4 | 7 | 7.5 | 8 | 8 | 8 |
| Real | | | | | | | | | |
| | $Q_3$ | 6 | 7 | 5 | 7 | 7 | 7 | 8 | 6 |
| | Median | 5 | 6 | 4 | 6 | 6 | 6 | 6 | 6 |
| | $Q_1$ | 4 | 5 | 3 | 5 | 3.5 | 5 | 4 | 5 |

Figure 21

Median and Quartile Range by Groups:
Expressiveness Subscale



**Autonomy**

Residents, Administrative and Support Staff, Teachers, and Advisory Board Members all rated the extent to which resident autonomy is encouraged at Westfield substantially below that of Child Care Staff. Consultants viewed the press towards autonomy very substantially above all groups except Child Care Staff.

Residents and Child Care Staff would like to see a substantial increase in this area, while all other groups would like to see a very substantial increase. The magnitude of autonomy Residents desire is, however, substantially below that of Child Care Staff, and very substantially less than the other adult group would consider ideal.

(See Table 29 and Figure 22)

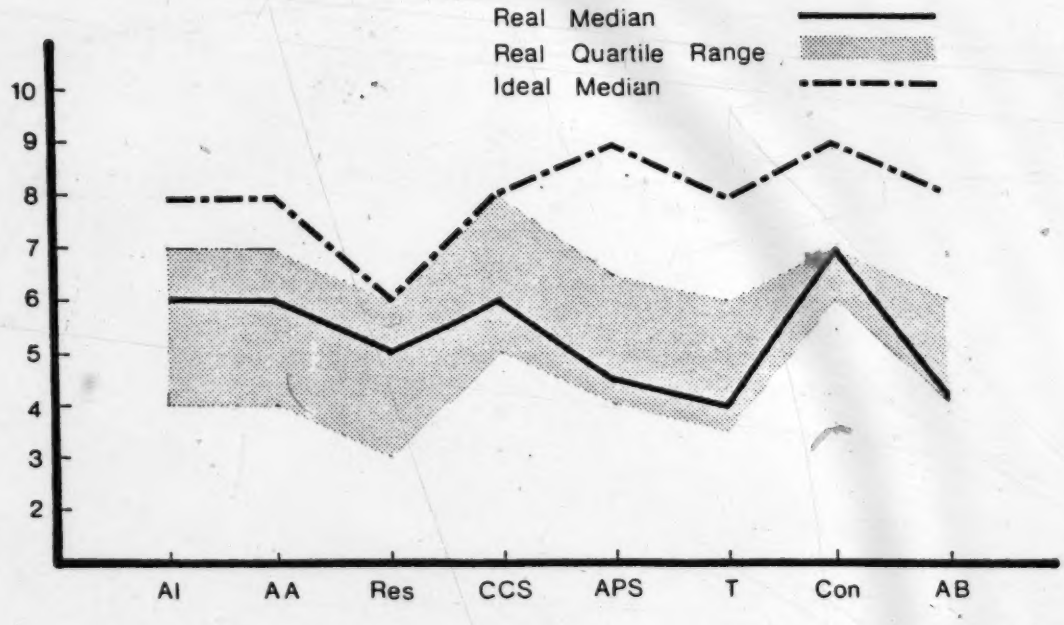
Table 29

Median and Quartile Range by Groups:
Autonomy Subscale

| | | AI | AA | Res | CCS | APS | T | Con | AB |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 9 | 9 | 7 | 9 | 9 | 8.5 | 9 | 9 |
| | Median | 8 | 8 | 6 | 8 | 9 | 8 | 9 | 8 |
| | $Q_1$ | 6 | 7 | 4 | 7 | 8 | 7.5 | 7.5 | 8 |
| Real | | | | | | | | | |
| | $Q_3$ | 7 | 7 | 6 | 8 | 6.5 | 6 | 7 | 6 |
| | Median | 6 | 6 | 5 | 6 | 4.5 | 4 | 7 | 4 |
| | $Q_1$ | 4 | 4 | 3 | 5 | 4 | 3.5 | 6 | 4 |

Figure 22

Median and Quartile Range by Groups:
Autonomy Subscale



**Practical Orientation**

This scale did not differentiate among groups when rating current levels of the press; it did however differentiate when ideal levels were considered. All groups indicated they would like substantial to very substantial increases in the extent to which the Westfield programs prepare residents for release. Teachers and Advisory Board members were the groups desiring very substantial increases and they were also the groups desiring the greatest amount of change. Residents, while desiring an increase in the practical orientation of the programs, still desire a lower level of press than do other programs.

(See Table 30 and Figure 23)

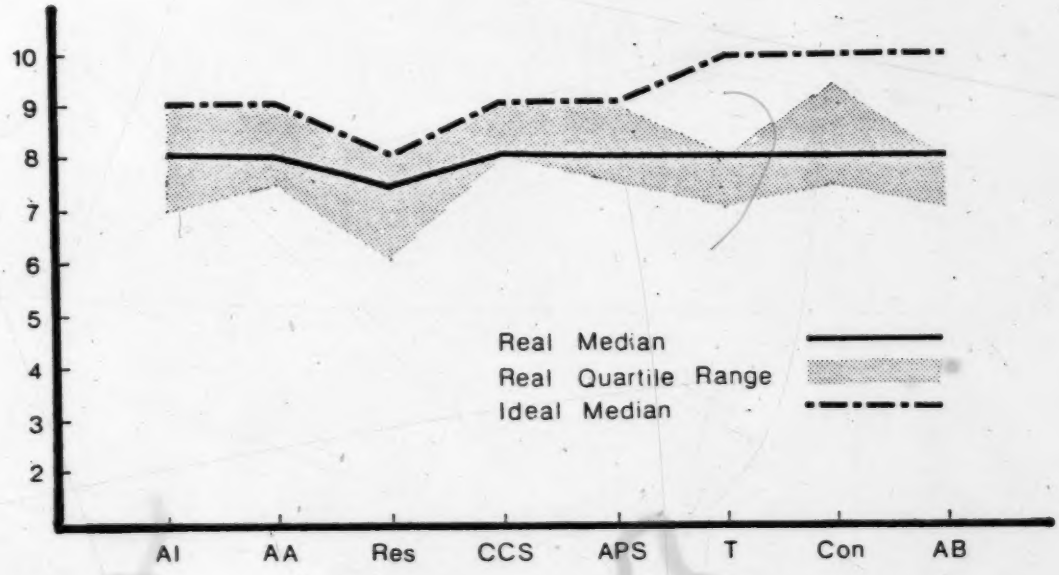
Table 30

Median and Quartile Range by Groups:
Practical Orientation Subscale

| | | AI | AA | Res | CCS | APS | T | Con | AB |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 10 | 10 | 9 | 10 | 10 | 10 | 10 | 10 |
| | Median | 9 | 9 | 8 | 9 | 9 | 10 | 10 | 10 |
| | $Q_1$ | 8 | 9 | 6 | 9 | 9 | 9 | 9 | 9 |
| Real | | | | | | | | | |
| | $Q_3$ | 9 | 9 | 8 | 9 | 9 | 8 | 9.5 | 8 |
| | Median | 8 | 8 | 7.5 | 8 | 8 | 8 | 8 | 8 |
| | $Q_1$ | 7 | 7.5 | 6 | 8 | 7.5 | 7 | 7.5 | 7 |

Figure 23

Median and Quartile Range by Groups:
Practical Orientation Subscale



**Personal Problem Orientation**

At Westfield the environmental press to have residents concerned with their personal problems and feelings is rated substantially to very substantially lower by residents than by other groups. Consultants see this press as highest of all groups, and substantially higher than Administrative and Support Staff and Child Care Staff.

All groups, with the exception of the resident group, would like to see substantial increases in personal problem orientation at Westfield. Child Care Staff would actually like to see a very substantial increase. The resident group, while indicating they would like an increase do not indicate they wish the increase to be substantial.

(See Table 31 and Figure 24)

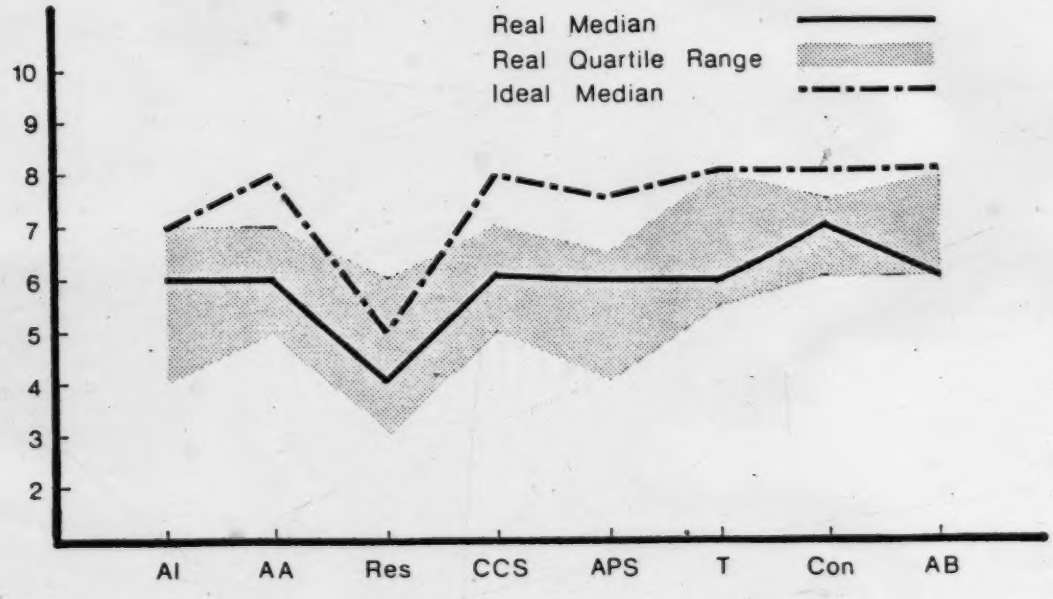
Table 31

Median and Quartile Range by Groups:
Personal Problem Orientation Subscale

| | | AI | AA | Res | CCS | APS | T | Con | AB |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 8 | 8.5 | 5 | 8 | 8.5 | 8 | 8.5 | 8 |
| | Median | 7 | 8 | 5 | 8 | 7.5 | 8 | 8 | 8 |
| | $Q_1$ | 5 | 7 | 4 | 7 | 6.5 | 6 | 7.5 | 7 |
| Real | | | | | | | | | |
| | $Q_3$ | 7 | 7 | 6 | 7 | 6.5 | 8 | 7.5 | 8 |
| | Median | 6 | 6 | 4 | 6 | 6 | 6 | 7 | 6 |
| | $Q_1$ | 4 | 5 | 3 | 5 | 4 | 5.5 | 6 | 6 |

Figure 24

Median and Quartile Range by Groups:
Personal Problem Orientation Subscale



**Order and Organization**

Residents perceived the level of order and organization present at Westfield lower than every other group, with the exception of Advisory Board Members. Residents also indicated that they are quite satisfied with the current levels of order and organization.

Advisory Board Members saw the level of order and organization the lowest of all groups at Westfield, and they desire a very substantial increase. With the exception of the Advisory Board, Teachers rated the level of order and organization lowest of all adult groups, and they desire a very substantial increase to a level comparable to that desired by the Advisory Board. Child Care Staff, Administrative and Support Staff and Consultants are, like the residents, generally satisfied with the present levels of order and organization.

(See Table 32 and Figure 25)

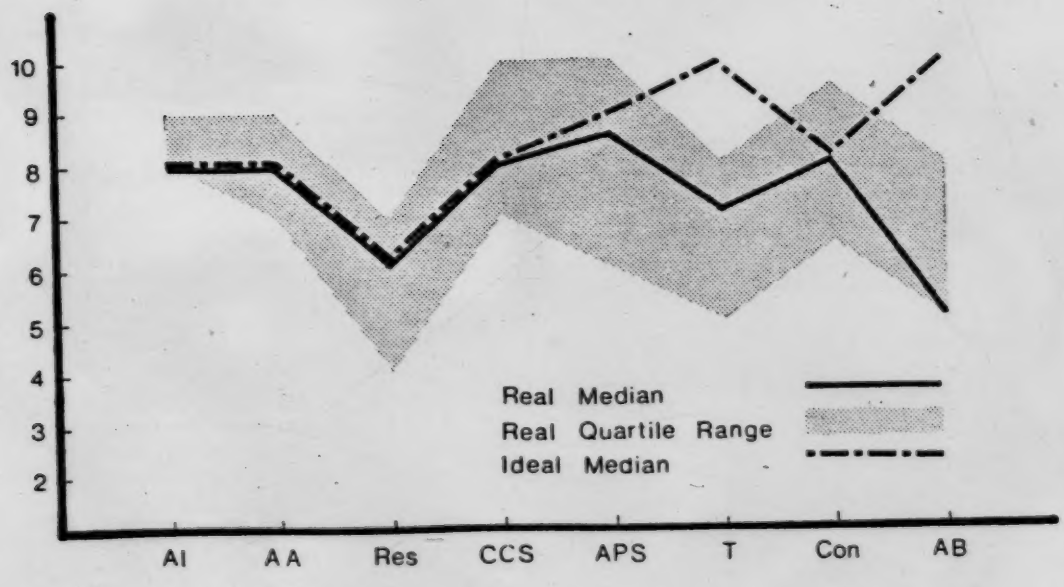
Table 32

Median and Quartile Range by Groups:
Order and Organization Subscale

| | | AI | AA | Res | CCS | APS | T | Con | AB |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 9 | 9 | 8 | 9 | 9.5 | 10 | 8.5 | 10 |
| | Median | 8 | 8 | 6 | 8 | 9 | 10 | 8 | 10 |
| | $Q_1$ | 6 | 7 | 5 | 7 | 7.5 | 9.5 | 6 | 10 |
| Real | | | | | | | | | |
| | $Q_3$ | 9 | 9 | 7 | 10 | 10 | 8 | 9.5 | 8 |
| | Median | 8 | 8 | 6 | 8 | 8.5 | 7 | 8 | 5 |
| | $Q_1$ | 6 | 7 | 4 | 7 | 6 | 5 | 6.5 | 5 |

Figure 25

Median and Quartile Range by Groups:
Order and Organization Subscale



Clarity

Residents rated the clarity of the Westfield residential programs substantially lower than any of the adult groups. Residents also indicated they would like a substantial increase in clarity. Teachers, while rating current program clarity substantially above that of residents, still saw it substantially lower than did any other adult group. Teachers would like a very substantial increase in this area as would Advisory Board Members. Child Care Staff, Administrative and Program Staff, Consultants and Advisory Board members perceived the current level of program clarity very similarly. However, with the exception of the Advisory Board, these groups are satisfied with present levels of clarity.

(See Table 33 and Figure 26)

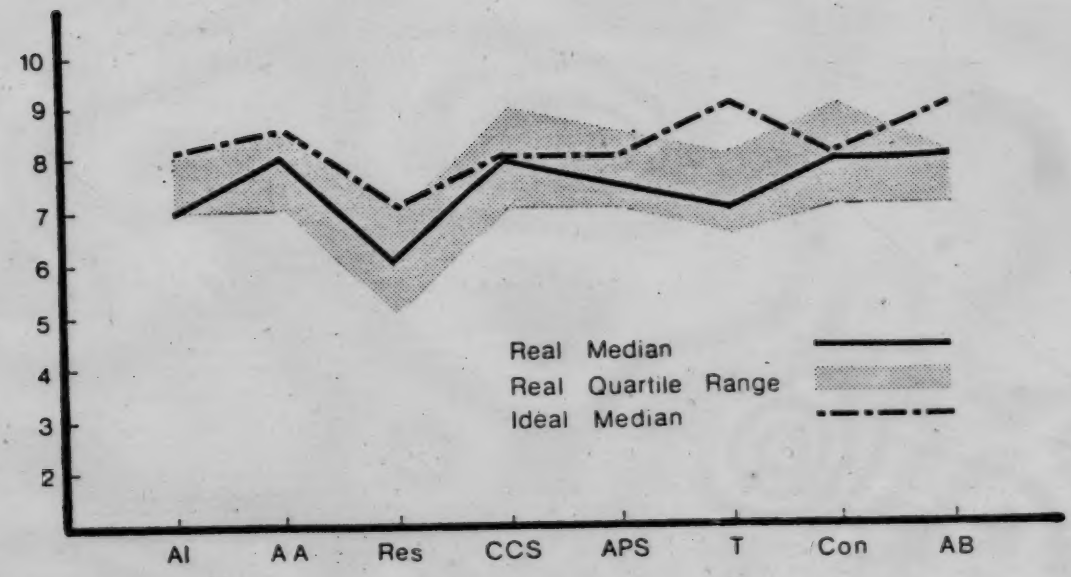
Table 33

Median and Quartile Range by Groups:
Clarity Subscale

| | | AI | AA | Res | CCS | APS | T | Con | AB |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 9 | 9 | 8 | 9 | 9 | 10 | 9 | 10 |
| | Median | 8 | 8.5 | 7 | 8 | 8 | 9 | 8 | 9 |
| | $Q_1$ | 7 | 8 | 6 | 8 | 7.5 | 9 | 8 | 9 |
| Real | | | | | | | | | |
| | $Q_3$ | 8 | 8.5 | 7 | 9 | 8.5 | 8 | 9 | 8 |
| | Median | 7 | 8 | 6 | 8 | 7.5 | 7 | 8 | 8 |
| | $Q_1$ | 7 | 7 | 5 | 7 | 7 | 6.5 | 7 | 7 |

Figure 26

Median and Quartile Range by Groups:
Clarity Subscale



**Staff Control**

Teachers rated the level of staff control at Westfield substantially higher than did any other group. Resident and Advisory Board groups perceived the level of Staff control at a substantially lower level than did the teachers. Both groups viewed it as substantially higher than either Child Care Staff or Consultants. The Administrative and Program Support Staff show the greatest variation in perception of any of the groups. (Three raw score points among the 1st and 3rd quartiles). All of the groups, with the lone exception of the Advisory Board members, would like to see a substantial decrease in the area of staff control. The Advisory Board would appear satisfied with the current level of Staff Control.

(See Table 34 and Figure 27)

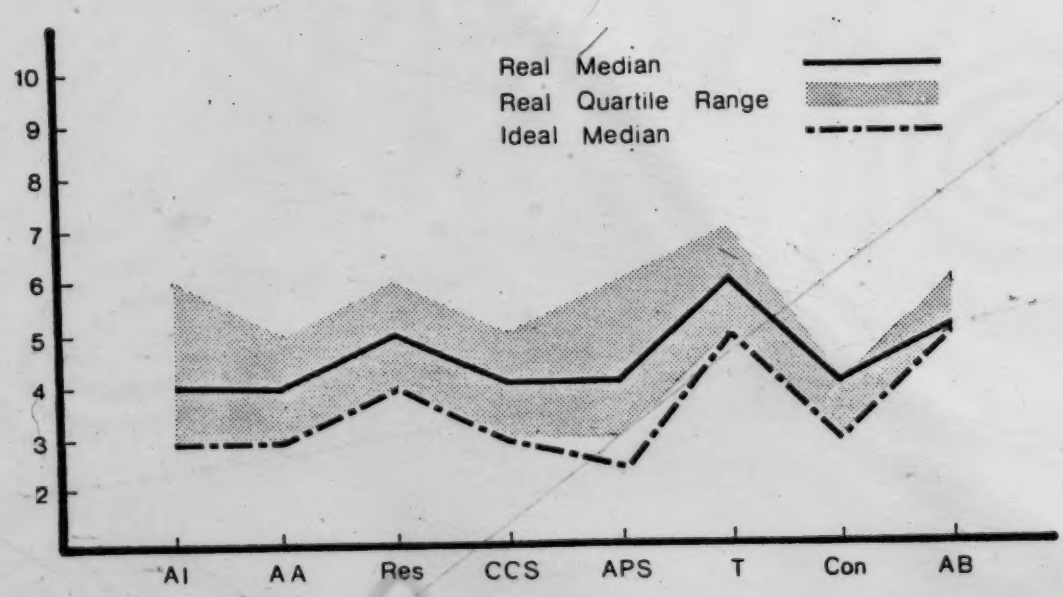
Table 34

Median and Quartile Range by Groups:
Staff Control Subscale

| | | AI | AA | Res | CCS | APS | T | Con | AB |
|---|---|---|---|---|---|---|---|---|---|
| Ideal | | | | | | | | | |
| | $Q_3$ | 4 | 4 | 5 | 4 | 3 | 6.5 | 3 | 6 |
| | Median | 3 | 3 | 4 | 3 | 2.5 | 5 | 3 | 5 |
| | $Q_1$ | 2 | 2 | 3 | 2 | 1.5 | 4 | 2 | 4 |
| Real | | | | | | | | | |
| | $Q_3$ | 6 | 5 | 6 | 5 | 6 | 7 | 4 | 6 |
| | Median | 4 | 4 | 5 | 4 | 4 | 6 | 4 | 5 |
| | $Q_1$ | 3 | 3 | 4 | 3 | 3 | 5 | 3 | 5 |

Figure 27

Median and Quartile Range by Groups:
Staff Control Subscale



## G. Summary and Configuration of Substantial Differences by Group

An examination of the configuration of substantial differences by group clearly indicates that resident ratings of current social climate, considered as a composite across all scales, are lower than all other groups. The single exception to this statement is the Staff Control subscale where results are high, relative to all other groups except Teachers and Advisory Board members. This trend is in the expected direction that "staff members perceive the conditions in their Units considerably more positively than do residents in the same Units". (Moos, 1975, p. 58).

The null hypothesis of no substantial differences among groups is not upheld for the adult groups with all groups' results showing patterns that differentiate them one from the other.

A configuration of note is that Teachers viewed both Order and Organization and Clarity substantially lower than Child Care Staff, Administrative and Program Staff, and Consultants. Advisory Board members also rated Order and Organization relatively low but did not view the current press toward Clarity low relative to the other groups, as did Residents and Teachers. All three of these groups (Advisory Board members, Teachers and Residents) rated the press toward Staff Control at Westfield high relative to the other groups. While the elevation in rating of Staff Control is expected for residents, it is not expected for the other

two groups.

Two other patterns are noted, one involves the Consultants and one the Advisory Board. Westfield Consultants viewed the press toward Involvement, Autonomy, and Personal Problem Orientation high relative to other groups. The Advisory Board viewed the press towards Autonomy as low, along with the press towards Order and Organization.

(See Table 35)

Table 35

Summary and Configuration of

Substantial Differences by Group

| Group | I | S | E | A | PO | PPO | OO | C | SC |
|---|---|---|---|---|---|---|---|---|---|
| AI | - | - | - | - | - | - | - | - | - |
| AA | - | - | - | - | - | - | - | - | - |
| Res | L | L | L | L | - | L | L | VL | H |
| CCS | - | - | - | H | - | - | - | - | - |
| APS | - | - | - | L | - | - | - | - | - |
| T | - | - | - | L | - | - | L | L | VH |
| Con | H | - | - | VH | - | H | - | - | - |
| AB | - | - | - | L | - | - | L | - | H |

L - Low - a substantial difference where the groups median falls at or below the 1st quartile of other groups.

VL - Very Low - a very substantial difference where the 3rd quartile of the group lies at or below the 1st quartile of other groups.

H - High - a substantial difference where the groups median falls at or above the 3rd quartile of other groups.

VH - Very High - a very substantial difference where the groups 1st quartile falls at or above the 3rd quartile of other groups.

* Where two or more ratings of difference occur simultaneously in one category (eg. Low, Low) these groups are very similar to each other but are substantially or very substantially different from the other groups in the category.

** List of Group and Scale Abbreviations contained in Appendix E.

**H. Summary and Configuration of Substantial Real-Ideal Differences by Group**

All adults appeared to want at least substantial and often to want very substantial, increases in the Relationship and Treatment Program dimensions. All adult groups with the lone exception of the Advisory Board wanted at least substantial decreases in Staff Control. The Advisory Board appeared to be satisfied with current levels of Staff Control.

Two of the adult groups, Teachers and Advisory Board members, wanted very substantial increases in Order and Organization and in Program Clarity. The pattern of differences for the Residental group deviates from the other adults by indicating they are basically satisfied with current levels of Support, Personal Problem Orientation and Order and Organization. Similar to Teachers and Advisory Board members, Residents would also like an increase in Program Clarity. It should be noted that while Residents want changes in the same direction as adult groups in most areas, they do not want the same magnitude of change. This result is again in keeping with findings that "Staff are considerably more positive about ideal correctional programs than are residents" (Moos, 1975, p. 66).

Considering the aforementioned differences among adult groups in terms of both the magnitude and direction of change on various dimensions of social climate, the null hypothesis of no substantial differences among groups is

again not supported.

Table 36

Summary and Configuration of Substantial

Real-Ideal Differences by Group

| Group | I | S | E | A | PO | PPO | OO | C | SC |
|---|---|---|---|---|---|---|---|---|---|
| AI | I* | I | I | I | I | I | - | I | D |
| AA | I* | I* | I | I* | I* | I* | - | I | D |
| Res | I | - | I | I | I | - | - | I | D |
| CCS | I* | I | I | I | I* | I* | - | - | D |
| APS | I* | I* | I* | I* | I* | I* | - | - | D* |
| T | I* | I* | I* | I* | I* | I | I* | I* | D |
| Con | I* | I | I* | I* | I | I* | - | - | D* |
| AB | I* | I* | I* | I* | I* | I | I* | I* | - |

I* - refers to a desire for a very substantial increase (the Ideal Scale 1st quaratile lies at or above the Real Scale 3rd quartile)

I - refers to a desire for a substantial increase (the Ideal Scale median lies at or above the Real Scale 3rd quartile)

D* - refers to a desire for a very substantial decrease (the Ideal Scale 3rd quartile falls at or below the Real Scale 1st quartile).

D - refers to a desire for a substantial decrease (the ideal median falls at or below the Real Scale 1st quartile).

** List of Group and Scale Abbreviations contained in Appendix E.

# VI. SUMMARY, CONCLUSIONS AND IMPLICATIONS

## A. Summary

Using the concept of social climate, this study was an examination of the milieu of Westfield, a residential treatment centre for emotionally disturbed children. The social climate was examined using two forms of the Correctional Institutions Environment Scale. Child Care Staff and Residents from six separate settings rated their own programs in terms of the social climate that existed currently (using Form R of the CIES) and how they would like to see them ideally (using Form I of the CIES). Results were analyzed to determine if any substantial differences in the ratings of social climate existed either within or among settings. Large variations of 3 to 4 raw score points were found in certain settings on some subscales of the CIES. These were commented upon in the discussion of results for each of the nine CIES subscales. The results were examined using the concept of median and interquartile range as opposed to the mean and standard deviation. Substantial differences were found among settings in staff ratings of current social climate. Residents' ratings differentiated among two types of settings (Cottages and Units) but did not differentiate within these groupings. Substantial staff differences in ratings of current social climate were present for all settings. Particularly noted is that staff in the closed unit (Unit 3), are, when compared to other

settings, substantially lower in rating all three Relationship dimensions and two out of the three Treatment Program dimensions.

Differences in Real-Ideal ratings among settings were also explored. There are important individual program differences which are commented upon in Chapter 5, but for the most part, all programs wanted increases in the Relationship and Treatment Program dimension and decreases in the System Maintenance dimension of Staff Control.

In addition to examining differences in ratings of social climate for the individual residential settings, ratings of the social climate for the entire program were considered. For this part of the study the Resident and Child Care Staff ratings were separately pooled and considered as two groups providing ratings for the total residential program. In addition to the Resident and Child Care Staff, four other groups associated with Westfield rated the total residential programs social climate as a composite or "gestalt". The four groups are Administrative and Program Staff, Teachers, Consultants and Advisory Board Members. They rated the overall program as they viewed it currently (using Form R of the CIES) and how they would conceive of it ideally (using Form I of the CIES). Results were again analyzed using the median and quartile range. Substantial differences among all groups were again evident in the groups' ratings of the social climate. Residents, as predicted, were typically more negative in their evaluations

of both current and ideal social climate than were any of the other groups.

Differences in Real-Ideal ratings among groups generally parallel the results of Real-Ideal differences among settings. All groups wanted increases in the Relationship and Treatment Program dimension and a decrease in the area of Staff Control. One important difference to this pattern occurs. Teachers and Advisory Board members would both like to see very substantial increases in Order and Organization and Clarity.

**B. Conclusions and Implications**

The results of this study clearly indicate differences in the ratings of Social Climate both among settings and among groups. These differences can be argued to be real differences based on Moos' experience that "given a stable program, the CIES will remain stable over relatively long periods even though all residents and most of the staff members have changed, owing to discharge and turnover" (1975, p. 45). In other words differences in staff and resident groups do not affect a programs profile, if the program itself remains stable.

Differences which are particularly noted are:

1. Real-Ideal differences for both settings and groups indicate an overall desire for an increase in both Relationship and Treatment Program dimensions and a decrease in the area of Staff Control. While these

indications are in the expected direction (Moos, 1975, p. 67) they are necessarily of interest to the Institution, especially since they constitute a self evaluation of program and not the interpretation of a third party.

The differences among Real and Ideal ratings of the Westfield program for various groups points to a clear potential for the use of the Correctional Institutions Environment Scale in a measurement - feedback - planning sequence. Most of the aspects measured by the CIES appear to be under local control at Westfield, most at the level of the individual setting or program, the rest at the institutional level. These are important considerations because they identify the two conditions under which this methodology is most likely to be relevant. "First this methodology probably facilitates social change best when used with relatively small groups, most of whose members interact directly with one another.... Second, the dimensions on which change is planned need to be under local control." (Moos, 1973, p. 591) Another implication is that the very use of the CIES "may assist staff in developing a more differentiated cognitive framework for understanding their programs and problems." (Moos 1975, p. 323) Regardless of the program changes that might or might not follow discussion of feedback, staff may gain a new vocabulary for construing and discussing their programs.

Instead of locating their program in a two-dimensional space defined by "security" and "rehabilitation" staff are encouraged to use at least nine dimensions (the CIES) subscales. (Moos, 1975, p. 104)

2. While the desire for an increase in both Relationship and Treatment Program dimensions is relatively constant across all groups, there are important differences among groups in rating the System Maintenance dimensions of Order and Organization and Clarity. Teachers want very substantial increases in these press dimensions compared to other groups. Teachers have also rated the current levels of Clarity and Order and Organization very substantially below that of other groups. Since the teachers form an integral part of the treatment programming at Westfield, the results raise important questions for the institution. Since teachers did not differ substantially from other groups in their assessments of the Relationship and Treatment Program dimensions, which aspects of the Westfield program have led them to indicate such dissatisfaction with Order and Organization and Clarity? Are these aspects within the realm of control of the teachers, or do they lie within the control of other staff groups such as Child Care Staff? Specifically, what changes would teachers like in the present system at Westfield that would satisfy their desire for more Order and Organization and Clarity for residents? What role, if any, should the administration

have in making these changes? etc.

Addressing these questions should be straightforward in that teachers were asked to consider and rate the social climate at Westfield in general and not simply in relation to the school. However, results of a study conducted by Manderscheid, Koenig and Silbergeld(1978) which factor analysed three of Moos Social Climate Scales does indicate some caution. Results from this study suggested that "the meaning of the subscales apparently varies somewhat from classroom to therapeutic settings" (p.560), especially on the subscales comprising the system maintenance and personal development dimensions (p.559). Interpretation of differences in teachers ratings of Order and Organization and Clarity from other groups should therefore be sensitive to the possibility that they may result in part from differences in the interpretation of the subscale rather than actual differences in preception. Since differences in interpretation is a powerful factor in congruent communication between teachers and other professionals within the institution the indication of difference still remains useful information. Part of the answers to differences in teachers perceptions may lie with the Westfield Advisory Board who, like the teachers, viewed the Order and Organization at Westfield low relative to other groups, and who, like the teachers, would like to see very

substantial increases in Order and Organization and Clarity.

3. A third major configurational difference among groups is of interest in this study. Consultants relative to other groups at Westfield saw present levels of environmental press toward Involvement and Personal Problem Orientation high, and toward Autonomy very High. Although consultants, like other groups, wanted at least substantial increases in these dimensions, why the difference in perception of current levels? Is it that external consultants to institutions have a broader frame of reference and that they more accurately and realistically perceive actual environmental press, or is it that they have an inaccurate perception of actual program, or is it a combination of both factors? In any case the consultants in this study are consistently more positive than any other group in their evaluation of the current levels of press toward Involvement, Personal Problem Orientation and Clarity, a finding suggestive of further research.
4. The fourth major difference among groups is that residents have consistently rated both their current and ideal programs more negatively than staff. While both these findings are to be expected (Moos, 1975, pp. 88 and 66) it is support for the concept of separate subcultures for residents and staff. Keeping these differences in mind would seem important to the

institution, especially when consideration is made within an individual program to giving the resident groups equal stature with a staff group in discussing and formulating changes aimed at improving the treatment program. It may well be that residents are not prepared to support changes in program of the same magnitude as those desired by staff, even if they do desire changes in the same direction as staff.

5. The residents' results differentiating between units and cottages but not within these types of settings raises questions about the effects of architecture on the social climate of treatment settings. Residents in the cottages rated the levels of involvement and support within their programs substantially higher than residents in the Units rate their own programs. Cottages are smaller and more homelike settings than the units; they also house a younger age group of children. (The approximate average age of children in the Cottages is 12 years compared to 14 years in the Units) The question which arises is whether or not the higher level of involvement and support felt within the cottages could be a result of architecture, or age, or a combination of the two factors. It raises the general research question of whether architectual design, which forces a closer type of interaction between residents, also creates a feeling of greater involvement and support for residents when compared to architecture which allows for greater

personal living space. If a study were undertaken which controlled for age and type of program and compared ratings of social climate between different types of architectural design, it could help to identify those types of architectual design which enhance aspects of social climate viewed as positive. This would be important information to consider when designing new kinds of correctional and treatment facilities.

6. The differences among settings in social climate as reflected by the results of this study again raise the question of differential treatment, of the possibility of certain environments being better suited to the rehabilitation of certain types of individuals than to others. Edelson and Paul (1976) claim that the majority of studies relating social climate and program outcome have not controlled for the unit size or the chronicity of the patient populations, and results should be viewed as inconclusive. If these confounding variables (and others such as staffing patterns) can be controlled, some further research possibilities exist. Westfield as an institution can, for the most part, control for these confounding variables. There then exists the opportunity to compare and contrast treatment outcomes from different settings, especially if particular treatment strategies are implemented in various settings and results are compared in a manner similar to that of the Youth Center Research Project (Jesness, 1975).

7. While there are differences in the configuration of substantial differences among all settings' staffs in rating their current programs, the Closed Unit (Unit 3) configuration is particularly unique. When results are considered as a composite across the Relationship and Treatment Program dimensions, the staff in the closed unit consistently rated their setting low relative to every other setting. Again important questions are raised. Do these results arise from aspects of the program under the staffs' own control or do they reflect elements of the program over which the staff have little or no control? (ie. type of resident population, length of stay of residents, control over where residents are discharged etc.). In any case, these results coupled with the staffs' desire for a substantial increase in Relationship and Treatment Program dimensions is important information to the institution, and in turn, raises general research questions about differences in social climate inherent in "closed" compared to "open" correctional or treatment programs.
8. The last comment on differences refers to the differences which are evident among individuals in rating social climate (private beta press). On some of the measures of social climate within this study there is a large degree of variation in the ratings among individuals comprizing a given group, for example a four point spread among the 1st and 3rd quartile for

Consultants rating the current level of Expressiveness in the Westfield program. While the median or mean, being measures of central tendency, might provide a measure of common beta press for this group, it cannot be viewed as a consensus,and the variation in such ratings is of as great an importance to Westfield as is the central measure of common beta press itself. Such variation is indicative of important differences in perception among individuals within groups and has as important an implication to an organization as does apparent differences among groups. In any group decision making process it is the individuals with extreme points of view which provide difficulty, not the typical viewpoint.

Some of these individual differences within groups are apparent for almost every CIES subscale and for every group. They are too numerous to consolidate in a summary chapter, and the most apparent have been commented upon during the discussion of results in Chapter 5. This issue is commented upon here lest the reader fall into the trap of viewing the group of being of "one mind" on a particular dimension. It is important to be aware of the degree of variation in individual ratings on each dimension when making generalized statements about the perceptions of any particular group.

In summation, the research hypothesis that there are substantial differences among settings in both resident and staff ratings of current social climate is supported for

staff. It is only partially supported for residents whose results differentiate among Cottages and Units but do not differentiate within these groupings. These findings are consistent with those stated by Moos that "there may be large variations in the social climate of presumably similar treatment programs even when they are using the "same" overall treatment strategy".... "Variations among programs within one institution are often as large as variations among programs in different institutions" (Moos, 1975, p.153).

The second research hypothesis that there are substantial differences within settings among Child Care Staff and Residents in ratings of social climate, is also supported in the expected direction. The ratings of residents are generally more negative than those of Child Care Staff. These are consistant with Moos' findings that "staff members perceive the conditions in their units considerably more positively than do residents in the same units" (Moos, 1975, p.58) and that "Staff are considerably more positive about ideal correctional programs than are residents" (Moos, 1975, p.66).

The null hypothesis that there are no substantial differences among groups (Residents, Child Care Staff, Administrative and Program Specialists, Teachers, Consultants, and Advisory Board Members) in their ratings of the total Westfield residential program is not supported. There are substantial differences among all groups in their

rating of the social climate of the Westfield residential program. Specific differences in how teachers and consultants rated the environment raise questions regarding the nature of social climate perception for these types of groups in all correctional and treatment environments.

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# APPENDIX A

## CIES Real Scale (Form R)

## APPENDIX A

1. The residents are proud of this unit.
2. Staff have very little time to encourage residents.
3. Residents are encouraged to show their feelings.
4. The staff act on residents' suggestions.
5. There is very little emphasis on making plans for getting out of here.
6. Residents are expected to share their personal problems with each other.
7. The staff make sure that the unit is always neat.
8. Staff sometimes argue with each other.
9. Once a schedule is arranged for a resident, he must follow it.
10. Residents here really try to improve and get better.
11. Staff are interested in following up residents once they leave.
12. Residents tend to hide their feelings from the staff.
13. Residents are expected to take leadership on the unit.
14. Residents are encouraged to plan for the future.
15. Residents rarely talk about their personal problems with other residents.
16. The day room is often messy.
17. If a resident's program is changed, someone on the staff always tells him why.
18. Residents may criticize staff members to their faces.
19. Residents on this unit care about each other.
20. The staff help new residents get acquainted on the unit.
21. Staff and residents say how they feel about each other.
22. The staff give residents very little responsibility.

23. Residents are encouraged to learn new ways of doing things.

24. Personal problems are openly talked about.

25. The unit usually looks a little messy.

26. When residents first arrive on the unit, someone shows them around and explains how the unit operates.

27. Residents will be transferred from this unit if they don't obey the rules.

28. There is very little group spirit on this unit.

29. The more mature residents on this unit help take care of the less mature ones.

30. People say what they really think around here.

31. Residents have a say about what goes on here.

32. There is very little emphasis on what residents will be doing after they leave the unit.

33. Discussions on the unit emphasize understanding personal problems.

34. This is a very well organized unit.

35. Staff are always changing their minds here.

36. All decisions about the unit are made by the staff and not by the residents.

37. Residents put a lot of energy into what they do around here.

38. Residents rarely help each other.

39. Residents say anything they want to the counsellors.

40. The staff discourage criticism.

41. Staff care more abouat how residents feel than about their practical problems.

42. Staff are mainly interested in learning about residents feelings.

43. Things are sometimes very disorganized around here.

44. Staff tell residents when they're doing well.

45. The staff very rarely punish residents by restricting them.

46. The unit has very few social activities.
47. Staff go out of their way to help residents.

48. Residents are careful about what they say when staff are around.

49. Staff encourage residents to start their own activities.

50. This unit emphasizes training for new kinds of jobs.

51. Residents are rarely asked personal questions by the staff.

52. Many residents look messy.

53. If a resident breaks a rule, he knows what will happen to him.

54. Staff don't order the residents around.

55. Very few things around here ever get people excited.

56. Staff are involved in resident activities.

57. When residents disagree with each other, they keep it ot themselves.

58. Staff rarely give in to resident pressure.

59. Residents here are expected to work toward their goals.

60. The staff discourage talking about sex.

61. Residents' activities are carefully planned.

62. Residents are always changing their minds here.

63. If one resident argues with another, he wil get into trouble with the staff.

64. Discussions are pretty interesting on this unit.

65. Counselors have very little time to encourage residents.

66. It is hard to tell how residents are feeling on this unit.

67. Residents here are encouraged to be independent.

68. New treatment approaches are often tried on this unit.

69. Staff try to help residents understand themselves.

70. Counselors sometimes don't show up for their appointments with residents.

71. Residents never know when a counselor will ask to see them.

72. The unit staff regularly check up on the residents.

73. Residents don't do anything around here unless the staff ask them to.

74. Staff encourage group activities among residents.

75. On this unit staff think it is a healthy thing to argue.

76. There is no resident government on this unit.

77. Residents must make plans before leaving the unit.

78. Residents hardly ever discuss their sexual lives.

79. The staff set an example for neatness and orderliness.

80. Residents never know when they will be transferred from this unit.

81. Residents can call staff by their first names.

82. This is a friendly unit.

83. The staff know what the residents want.

84. Residents on this unit rarely argue.

85. Residents are encouraged to make their own decisions.

86. There is very little emphasis on making residents more practical.

87. Residents cannot openly discuss their personal problems here.

88. Residents are rarely kept waiting when they have appointments with the staff.

89. The residents know when counselors will be on the unit.

90. The staff do not tolerate sexual behavior by residents.

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# APPENDIX B

"Childrens" CIES Real Form (Form R)

(Form R adaptation for Westfield Residents)

## APPENDIX B

1. The kids are proud of this Cottage/Unit.
   (The kids are pleased with this Cottage/Unit)

2. Staff have very little time to encourage kids.
   i (Staff have very little time to help kids)
   ii(Staff do not have much time to help kids)

3. Kids are encouraged to show their feelings.
   i (Kids are helped to show their feelings)
   ii(Staff help kids to show how they feel)

4. The staff act on kids suggestions
   i (The staff listen and will try to do what kids suggest)
   ii(The staff listen and will try to do what kids want to do)

5. There is very little emphasis placed on making plans for getting out of here.
   (There is very little importance put on making plans for getting out of here)

6. Kids are expected to share their personal problems with each other.
   (Kids are supposed to tell each other about their problems)

7. The staff make sure the Cottage/Unit is always neat.

8. The staff sometimes argue with each other.

9. Once a schedule is set up for a kid he must follow it.
   i (Once a program is set up for a kid he must follow it)
   ii(Once a treatment program is set up for a kid he must follow it)

10. Kids here really try and get better.

11. Staff are interested in following up kids once they leave.
    (Staff are interested in finding out how kids are doing after they leave)

12. Kids tend to hide their feelings from staff.
    (Kids often try to hide how they feel from staff)

13. Kids are expected to take leadership on the Cottage/Unit.
    (Staff want kids to try and be leaders on the Cottage/Unit)

14. Kids are encouraged to plan for the future.
(Staff try to help kids to plan for the future)

15. Kids rarely talk about their problems with other kids.
(Kids do not often talk about their own problems with other kids)

16. The living room is often messy.

17. If a kid's program is changed, someone on the staff always tells him why.
(If changes are made to a kids treatment program someone on the staff always tells him why)

18. Kids may criticize staff members to their faces.
(Kids may tell staff what they don't like about them)

19. Kids on this Cottage/Unit care about each other.

20. Staff help new kids get aquainted on the Unit.
(Staff help new kids get to know everyone and everything in the Cottage/Unit)

21. Staff and kids say how they feel about each other.

22. The staff give kids very little responsibility.

23. Kids are encouraged to find new ways of doing things.
(Kids are helped to find new ways of doing things)

24. Kid's personal problems are openly talked about.
(Kid's own problems are openly talked about)

25. The Cottage/Unit usually looks a little messy.

26. When kids first arrive on the Cottage/Unit someone shows them around and tells them how the Cottage/Unit works.

27. Kids will be transferred from this Cottage/Unit if they don't obey the rules.
(Kids will be moved from this Cottage/Unit if they don't obey the rules)

28. There is very little group spirit on this Cottage/Unit.
(There is very little good group feeling about being part of this Cottage/Unit)

29. The more mature kids on this unit take care of the less mature ones.
(The older kids on this Cottage/Unit help to take care of the younger ones)

30. People say what they really think around here.
(Staff and kids say what they really think around here)

31. Kids have some say about what goes on here.

32. There is very little emphasis put on what kids will be doing after they leave the Cottage/Unit.
(There is very little importance put on what kids will be doing after they leave the Cottage/Unit)

33. Discussions on the Unit emphasize understanding personal problems.

34. This is a very well organized Cottage/Unit.

35. Staff are always changing their minds here.

36. All decisions about the Cottage/Unit are made by the staff and not by the kids.
(Everything decided about the Cottage/Unit is decided by the staff and not by the kids)

37. Kids put a lot of energy into what they do around here.

38. Kids rarely help each other.
(Kids do not often help each other)

39. Kids say anything they want to the counsellors.

40. The staff discourage criticism.
(The staff try to stop criticism.

41. Staff care more about kids feelings than about their practical problems.
(Staff care more about how kids feel than about kids' other important problems)

42. Staff are mainly interested in learning about kids' feelings.
(Staff are mostly interested in finding out how kids feel)

43. Things are sometimes very disorganized around here.
(Things are sometimes very upset around here)

44. Staff tell kids when they are doing well.

45. The staff very rarely punish kids by restricting them.
(Staff do not often punish kids by taking away privileges)

46. This Cottage/Unit has very few social activities.
(This Cottage/Unit has very few "group fun times")

47. Staff go out of their way to help kids.

48. Kids are careful about what they say when staff are

around.

49. Staff encourage kids to start their own activities. (Staff try to help kids to start their own activities)

50. This Cottage/Unit places importance on kids learning things that will help them get jobs.

51. Kids are rarely asked personal questions by the staff. (Kids are not often asked personal questions by the staff)

52. Many kids here look messy.

53. If a kid breaks a rule he knows what will happen to him.

54. Staff don't order the kids around.

55. Very few things around here ever get people excited.

56. Staff are involved in kids activities. (Staff do many of the same things kids do)

57. When kids disagree with each other they keep it to themselves.

58. Staff rarely give in to pressure from kids. (Staff do not often give in to what kids want)

59. Kids here are expected to work towards their goals.

60. The staff discourage talking about sex. (The staff don't like kids talking about sex)

61. Kids activities are carefully planned.

62. Kids are always changing their minds here.

63. If one kid argues with another he will get into trouble with the staff.

64. Discussions are pretty interesting on this Unit.

65. Counsellors have very little time to encourage kids. (Counsellors have very little time to help kids)

66. It is hard to tell how kids are feeling on this Cottage/Unit.

67. Kids here are encouraged to be independent. (Kids here are helped to be independent)

68. New treatment approaches are often tried on this Cottage/Unit.

(New treatment programs are often tried in this Cottage/Unit)

69. Staff try to help kids understand themselves.

70. Counsellors sometimes don't show up for their appointments with kids.

71. Kids never know when a counsellor will ask to see them.

72. The Cottage/Unit staff regularly check upon the kids.

73. Kids don't do anything around here unless the staff ask them to.

74. Staff encourage group activities among kids.
(Staff help to organize group activities among kids)

75. On this Cottage/Unit staff think it is a healthy thing to argue.
(On this Cottage/Unit staff think it is alright to argue)

76. There is no resident government on this Cottage/Unit.
(There is no kids' group helping making rules on this Cottage/Unit)

77. Kids must make plans before leaving the Cottage/Unit.

78. Kids hardly ever discuss their sexual lives.
(Kids hardly ever discuss what sex means to them)

79. Staff set an example for neatness and orderliness.
(Staff set an example of how to be neat and orderly)

80. Kids never know when they will be transferred from this Cottage/Unit.
(Kids never know when they will be moved from this Cottage/Unit)

81. Kids can call staff by their first names.

82. This is a friendly Cottage/Unit.

83. The staff know what the kids want.

84. Kids on this Cottage/Unit rarely argue.
(Kids on this Cottage/Unit do not often argue)

85. Kids are encouraged to make their own decisions.
(Kids are helped to make their own decisions)

86. There is very little emphasis on making kids more practical.

i (There is very little importance placed on making kids more realistic)
ii(There is very little importance placed on kids learning useful things)

87. Kids cannot openly discuss their personal problems here. (Kids cannot openly talk about their own problems here)

88. Kids are rarely kept waiting when they have appointments with staff.
(Kids are not often kept waiting when they have appointments with the staff)

89. The kids know when counsellors will be on the Unit.

90. The staff do not tolerate sexual behaviour by the kids. (The staff do not allow sexual behaviour by the kids)

# APPENDIX C

## Memorandum to Child Care Counsellors and Teachers

## APPENDIX C

Alberta MEMORANDUM

SOCIAL SERVICES
AND COMMUNITY HEALTH

FROM Donavon Bentz,
Intake and Research Coordinator
Westfield

OUR FILE REFERENCE

YOUR FILE REFERENCE

TO Child Care Counsellors and
Teachers

DATE October 27th, 1981

TELEPHONE 454-0411

SUBJECT

As part of my examination of social climate at Westfield please find attached a list of 90 questions to be answered True or False by the student whose name appears on the attached answer sheet. Students who are attending school at Westfield are having these questions administered to them by their teachers. If this child is attending a community school I am seeking counsellors assistance in administering the questionnaire to him or her.

Please read the questions to the student. Do not sit in a position where you can observe how the child is answering a particular question. Questions in parenthesis are paraphrases which are suggested if the child does not comprehend the question as it is first stated. You may give simple clarification of word meaning upon request but care should be given not to influence the direction of the student's response. Indecisive students may be assisted by responses such as "Answer true if you think it is true most of the time" ( or true for most of the staff, or true on most days, etc.) As a last resort it is customary to say "If you are not sure just guess".

If a student has difficulty comprehending the use of the small answer sheet please have him use the large "alternative" answer sheet provided then simply circling True or False as they think appropriate for each question.

Prior to administering the questionnarie:

1. Please inform the student that I am trying to find out what kids at Westfield think about their unit or cottage and that I sure appreciate his or her help.

2. Ask the student to use a pencil and eraser rather than a pen.

3. Ensure that the student's name,age and unit is correctly indicated on the answer sheet.

4. Assure the student that no kids or staff other than myself will see their answer sheet and I will not tell any staff member how they answer the questions. (After the child has finished answering

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the questions place the child's answer sheet in the brown envelope, seal it and return it to my mailbox in the administration building).

5. State that there are no right or wrong answers to the questions. What is correct is that the student answers each question in the way they think or feel.

Please ensure that testing is carried out all at once. Do not attempt to stretch it out over a day. The time involved to administer all the questions should be about 20 minutes.

Testing should be completed no later than Friday, October 30th, 1981 as I wish to administer the second form of the questionnaire the first week in November.

As a final request, I would ask that you indicate concern that you may have that a child could not understand the questions by noting this concern on the outside of the envelope.

Thank-you very much for your assistance with this undertaking.

Donavon Bentz,
Intake and Research Coordinator
Westfield

DB/dp

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# APPENDIX D

## Memorandums to Child Care Staff and Adjunctive Adult Groups

# APPENDIX D

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

FROM Donavon Bentz,
Intake & Research Supervisor
Westfield

OUR FILE REFERENCE

YOUR FILE REFERENCE

TO ALL STAFF,

DATE October 15th, 19

TELEPHONE 454-0411

SUBJECT

In completion of my Masters level thesis in Educational Psychology I hope to undertake an examination of the milieu of Westfield using the concept of Social Climate. This examination involves both staff and residents evaluating the environment at Westfield as they themselves perceive it. As part of this undertaking I would like to provide feedback to each unit or cottage about how staff members and children view that setting. I also hope that this undertaking will prove beneficial to both myself and yourselves as staff members by providing a new and standardized method of describing your programs. I believe this will increase staff and students awareness about how programs are presently perceived and how they might like them to be.

In order to achieve the aforementioned goals I am using a standarized instrument which is becoming widely used in evaluating institutional environments. Mechanically this will involve staff completing two separate questionnaires to be administered one week apart. Initial time involved in completing a questionnarie will be from 15 to 20 minutes.

Under NO CIRCUMSTANCES will either individual staff members or individual students be identified in this study, nor will any other staff member including supervisory and management level staff be made aware of an individual staff member's evaluation. Individual staff members will be able to compare their own perceptions of the cottage or unit environment with the overall or "average" perceptions of cottage or unit staff but the individual's information will not be made identifiable or accessable to other staff. In short, individual results will be returned to individual staff member's for their personal use and these individual or identifiable results will not be made accessable to other Department staff members by myself or my research assistants.

In terms of timelines I hope to be able to complete the administration of the scale by October 30th, 1981 and to be able to provide full feedback of results to staff by November 15th, 1981.

Thank-you very much for your cooperation and assistance with this undertaking. I hope it proves to be mutually beneficial for children, staff and myself.

Donavon Bentz,
Intake & Research Coordinator

A.C. Frauenfeld
Director

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Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

FROM Mr. Donavon Bentz,
Intake and Research Coordinator
Westfield

OUR FILE REFERENCE

YOUR FILE REFERENCE

TO Teachers, Consultants, Advisory Board Members and Program Specialists and Senior Administative Staff

DATE October 22nd, 1981

TELEPHONE 454-0411

SUBJECT

In completion of my Masters Level Thesis in Educational Psychology I hope to undertake an examination of Westfield using the concept of social climate. Part of this examination involves the staff and residents of each unit and cottage evaluating their own settings. I hope to additionally obtain the views of selected groups of individuals who are actively involved with varied aspects of the Westfield program. As you are a member of one of these groups I am seeking your assistance in completing two questionnaries, approximately one week apart. The average time to complete a questionnaire is 15 minutes. In keeping with the practice of good social research you will not be identified as an individual in this study nor will any other person besides myself and my research assistants have access to your individual results. If you would like your personal results from this questionnaire I will be glad to provide it. "Group Results" (teachers, consultants, etc.) of course will be provided in my thesis and a full interpretation of results will be made to Westfield staff. This will hopefully assist with overall program evaluation. I would be glad to meet with any of the special groups to whom this memo is addressed for a discussion of the results upon completion of the study. I anticipate the study to be fully completed in January of 1982.

Please complete the first questionnaire which is attached as you think the questions currently apply to Westfield as a total or complete residential program. If you are aware of only parts of the total Westfield program please make your judgements on that basis. If you are unsure of a particular answer please make your own best estimate of what you think the situation is.

Please place completed questionnaires in my mailbox in the administration building. Thank-you very much for your time and effort.

Yours truly,

Donavon Bentz,
Intake and Research Coordinator
Westfield

A.G. Frauenfeld,
Director

P.S. Expect to be provided with the second form of the questionnaire in approximtely one week.

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# APPENDIX E

## List of Abbreviations

# APPENDIX E

## List of Abbreviations

1. Abbreviations referring to the Correctional Institutions Environment Scale.

   CIES - Correctional Institutions Environment Scale.

   Subscales:

   | | |
   |---|---|
   | I | - Involvement |
   | S | - Support |
   | E | - Expressiveness |
   | A | - Autonomy |
   | PO | - Practical Orientation |
   | PPO | - Personal Problem Orientation |
   | OO | - Order and Organization |
   | C | - Clarity |
   | SC | - Staff Control |

2. Abbreviations referring to Westfield Settings.

   | | |
   |---|---|
   | OUT | - Open Units Together |
   | CT | - Cottages Together |
   | C1 | - Cottage 1 |
   | C2 | - Cottage 2 |
   | C3 | - Cottage 3 |
   | U1 | - Unit 1 |
   | U2 | - Unit 2 |
   | U3 | - Unit 3 (closed unit) |

3. Abbreviations referring to Westfield Groups.

   | | |
   |---|---|
   | AI | - All Individuals |
   | AA | - All Adults |
   | Res | - Residents |
   | CCS | - Child Care Staff |
   | APS | - Administrative and Program Staff |
   | T | - Teachers |
   | Con | - Consultants |
   | AB | - Advisory Board |